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UT Southwestern's new Spine Center tackles back pain

DALLAS – Jan. 31, 2008 – UT Southwestern Medical Center has launched a multidisciplinary Spine Center that features top physicians from diverse fields who work together to treat one of the most common problems plaguing our aging society: back pain.

The facility, based in the Outpatient Building at 1801 Inwood Road, offers a complete range of care in one location, from diagnosis to treatment to follow-up with referring physicians. Physicians, surgeons and therapists are on site to craft individualized treatment plans that are synchronized to preserve and restore motion.

More than eight in 10 people – nearly 60 million Americans – report having back pain. It is the leading cause of disability and the second-leading cause of missed work, costing billions of dollars annually, according to the Centers for Disease Control and Prevention.

“We’re in the mobility business,” said Dr. Kevin Gill, professor of orthopaedic surgery and one of three co-directors of the center. “We don’t save lives. We save lifestyles.”

UT Southwestern’s Spine Center targets all aspects of spinal care, including spinal fractures and tumors, herniated and degenerative discs, spinal deformities, spinal stenosis, scoliosis and other conditions.

Innovative therapies for a wide variety of ongoing spine problems range from such noninvasive approaches as spinal injections for relieving pain to state-of-the-art surgical procedures, including complex spinal fusions and artificial discs. Minimally invasive surgeries are available to shorten recovery times, and Gamma Knife and CyberKnife stereotactic technologies can target and eliminate spinal tumors. In addition, the latest rehabilitation techniques, offered in newly revamped facilities, can help patients regain and improve mobility.

The Spine Center is also involved in a number of clinical trials to advance research and evaluate new technologies, as well as provide assistance with support groups and social services.

In addition to Dr. Gill, co-directors of the center are Dr. Samuel Bierner, associate professor of physical medicine and rehabilitation, and Dr. Kevin Morrill, assistant professor of neurological surgery.

In all, more than two dozen physicians affiliated with the focused Spine Center facility are drawn from UT Southwestern’s world-class faculty. Their diverse fields of expertise include orthopaedic

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surgery, neurology, neurological surgery, radiology and neuroradiology, rheumatology, physical medicine and rehabilitation, and pain management.

“The idea of the Spine Center is that all the caregivers are going to be in one place and that all nonsurgical alternatives will be used first by professionals with expertise in those areas,” said Dr. Morrill, who specializes in complex spinal fusions.

Most people who have neck or back pain do not need surgery, and the majority can be treated conservatively with good outcomes, said Dr. Bierner, who oversees the center’s nonsurgical spinal specialties.

“We may prescribe home exercise, exercise at a gym, massage therapy, physical therapy, even acupuncture or biofeedback, as well as use spinal injection therapies in some cases,” he said.

Dr. Gill said that it is critical that physicians take time to understand not only what is wrong with a patient, but also to understand the patient’s goals after treatment.

“We take a holistic view of individuals – their life activities, their work activities, their recreational activities – and we look at what we can do as a whole to improve their ability to function and to do the pleasurable activities they want to do,” Dr. Gill said.

Stanton Laraway is one patient who has benefitted from this approach. After turning 60, Mr. Laraway felt as if he might have to give up his weekly racquetball game. Even driving was taking too great a toll on his back.

“It just deteriorated through the years,” the Allen resident said. “For years and years it bothered me. I was really uncomfortable. I was in constant pain. I was ready to do anything.”

After repeated failed therapies, Mr. Laraway turned to Dr. Gill, who inserted an artificial disc to restore motion in Mr. Laraway’s spine.

“Three weeks later I was swimming and went back to work,” said Mr. Laraway, a technical manager for AT&T. “Now I’ve got no pain at all. I walk, jump, run, climb trees, lots of things I shouldn’t be doing at my age. I play racquetball once a week for a couple of hours. I take a great deal of pleasure being a ‘younger’ man.”

Visit <http://www.utsouthwestern.org/patientcare/medicalservices/spine.html> to learn more about UT Southwestern’s clinical services in spinal disorders.

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