

# Back to Life

A man in a tan fishing vest and hat is standing in a river, holding a fishing rod. The background is a lush green forest with a willow tree in the foreground.

2014

**BACK PAIN?**  
**HOW TO GET  
BACK TO THE  
OUTDOORS  
THIS YEAR**

**HUNTING  
FISHING  
HIKING  
& MORE!**

**UNDERSTANDING  
SYMPTOMS & WHEN  
HOME REMEDIES  
CAN BE USED**



Living in South Carolina offers lots of opportunities to engage in outdoor activities, which can be challenging for someone who suffers from back pain or neck pain.

Hunting can require walking on uneven ground, climbing into tree stands and hours of patience. Sitting in one position for so long, for example, can tighten and cramp up a neck or back.

But there are great benefits to enjoying the outdoors. For one, any outdoor sport or activity will take your mind off your pain symptoms long enough for you to get moving.

Movement and exercise can be the key to pain relief by loosening tissues, increasing blood circulation and strengthening muscles and joints to be resistant to future strain.

This journal provides some health improving advice, some stretches and recommendations to help get you back outdoors and lower your risk of back strain as you get back to activity.

#### **Preparing for your hunt**

About a month in advance of your hunting trip, you need to begin to do stretches that strengthen your core and leg muscles. If

your legs become fatigued, that will put more stress on your back.

In addition to the exercises featured here, call South Carolina Spine Center for a free copy of their 36-page Home Remedy Book, which has many extension and flexion stretches you'll need.



You will also need the related hunting permits. Hunting in South Carolina is serious business. For one, the South Carolina

Department of Fish & Game (dnr.sc.gov) has strict rules and penalties related to protecting wildlife through the restrictions of hunting and fishing permits.

Strict restrictions exist that limit hunters to specific dates for hunting seasons and which animals can be hunted and if that is a male or female.

Further, the hunter can be fined if the animal is not harvested for food. Said another way, the sport of hunting must relate to saving the meat for consumption.

South Carolina has great fishing, turkey, hog

and deer hunting within one of the most beautiful places in the eastern United States.

A big attraction to hunting and fishing is simply getting outdoors to enjoy nature. Some people prefer not to shoot an animal, but rather enjoy tagging along a hunting party.



## THE BENEFITS OF HUNTING

Hunting has a rich tradition since the beginning of time, involving essential survival skills passed down from parent to child.

While we are conditioned to enjoy the convenience and taste of steaks or burgers purchased from the corner grocery store or restaurant, the benefits of wild game far exceeds that

of beef.

For example, a typical beef burger has 323 calories and 28 grams of fat. By comparison, the same portion of wild game, such as deer, has only 120 calories, less than a gram of fat, and twice as much protein than store-bought beef.

Serious hunters hunt

for the sport and the food. Bird hunting is easy on the back. But if you are hunting deer, it can be hard work moving the harvested deer to your truck. If you have a bad back, you will definitely need a friend who can help do the heavy lifting.

# BAD BACK?

## HOW TO GET BACK TO THE OUTDOORS IN 2014



# Back in the FIELD & STREAM

Hunting and fishing in South Carolina can be a great experience. Gear, rifles, tents, provisions, tackle box, rods, reels and gear all must travel with the hunter or fisherman. Here's how to prepare for your next outing. The press up exercise below is a standard stretch that can relieve simple cases of back pain. Start on your stomach, and slowly press up as far as possible.



Avoid extension exercises if you have been diagnosed with spinal stenosis, or are over 60 years old. Never do any exercise that causes increased pain.

## PREVENTING A BACK STRAIN

# HOW TO LIFT: 2 OPTIONS THAT WORK

Hauling gear on a hunting or fishing trip can be the riskiest thing for your back. The most common cause of back strain is lifting something too heavy or bending at the waist. Instead, use the strength of your legs. Bottom series: Start with one knee on the ground. Maneuver the object in between your feet. Raise the object with your arms up to mid-thigh, then stand up while keeping your back straight. Another method (upper left) is to squat, maneuver the object between the feet, lock the arms, keep your back straight and use your legs to stand up. Don't bend at the waist.

### OPTION #1



NO!

### OPTION #2



## EXTENSION STRETCHES

Hunting will require stamina and core strength, even if you have someone else do the heavy lifting. BELOW: On hands and knees, raise your left arm up and out, while you raise your right leg up and back. Hold for 5 seconds and return to starting position. Repeat with the opposite arm & leg. Do 10 repetitions.



## FLEXION STRETCH: THE CAT

Some back problems respond better to flexion rather than extension. See if this stretch relieves your symptoms. If it worsens symptoms, discontinue any flexion stretch. BELOW: On hands and knees, arch your back upward. Hold for 5 seconds and return to starting position. Do 10 repetitions.





# BACK TO FISHING

## PLAN YOUR TRIP WELL & BRING THE RIGHT CREW FOR LIFTING AND CARRYING

Experience the thrill of deep sea South Carolina saltwater fishing off shore on the South Carolina coast. Fishing all day trolling for mahi mahi, mackerel, and bottom fish like grouper, snapper and seabass can be rough on your back. It can be an exhilarating workout for the one with the rod and reel and back breaking for the person who has to lean over the boat and haul the flopping prize into the boat. Here's how to get back on the water:

### 1 BRING A BACK

This is not the time to be proud. Bring along someone with a good back, or better yet, a professional guide who can do much of the back breaking work of carrying the cooler, tackle boxes, and gear to and from the boat. Saving your back is definitely worth the money. You'll also likely catch more fish with their knowledge of the river or fishing spots. If you are the one with a bad back, it's best to bring on board a person with a good back to work the net and haul in the fish.

### 2 USE BODY MECHANICS

Remember correct body mechanics on how to lift, by using your legs for raising the object (fish, tackle box, cooler) rather than bending at the waist with you back.



*The spine therapists at South Carolina Spine Center can customize the right exercises for your back or neck problem.*



### 3 GO LIGHT ON YOUR BACK

Hauling a big fish over the side of the boat is like reeling in a child. You can still have fun fishing for a lighter catch. Fishing from the shoreline eliminates the heavy lifting and still provides plenty of outdoor enjoyment.

## Getting outdoors is healthy medicine

Too many times well-intentioned doctors can advise patients to NOT play golf, NOT play tennis, AVOID outdoor activities. As a result, the person can become deconditioned, the back can become more

susceptible to future strain. Activity in reasonable doses is good for the back, your heart and can keep you from becoming overweight or obese, which further raises your risk of future back strain.

### KNEE BENDS

A person with weak legs will typically use their back as a crane to lift, which inevitably leads to back strain. When fishing, you use your legs for balance, especially if you are standing in a stream with a strong current. Strengthen your legs with this standard exercise: The Deep Knee Bend. If you need to, start with two chair backs on either side of you to assist.

BELOW: With arms outstretched for balance, lower down into a squat, hold for one to two seconds and then return to starting position.





# UNDERSTANDING SYMPTOMS AND WHEN HOME REMEDIES CAN BE USED



People can request the South Carolina Spine Center 36-page Home Remedy Book through the web site at [SCspinecenter.org](http://SCspinecenter.org).

It's important to understand what may be causing your back pain. For example, 80% of back pain is related to strain of the muscles in the back. The other 20% of back pain can come from disc-related problems. How do you know the difference? Disc-related problems create symptoms that radiate pain or numbness into the leg or arm.

"Make no mistake, a back strain can be excruciating and drop you to your knees," explains a fellowship-trained neurological spine surgeon at South Carolina Spine Center.

"While a disc problem in the back is more serious, the symptoms are typically felt in the leg. This may be treated with drugs or spinal injections to reduce inflammation on the nerve root. Weakness or numbness in the foot are emergency symptoms that need to be seen within a week to prevent these symptoms from becoming permanent. So while watchful waiting can be used for radiating pain in a leg or foot, that is NOT the case with numbness or weakness in a leg or foot.

"Even disc problems can benefit from movement," adds the spine surgeon. "Studies have concluded that for rehab of injured tissues to occur, you need blood circulated to the injured tissues. You need movement to get circulation and nutrients to the disc and ligaments in the back. The less move-

ment you have, the longer the recovery period.

"The second common byproduct of back strain can be depression. Back pain can prevent a person from enjoying normal recreational activities, or it may knock them off their job, all of which can raise stress. The longer a person is off the job, the more they worry about losing their job which in turn affects their financial security. Back pain if not addressed promptly can create a disability spiral. It can seem like a formidable journey back to work, let alone activities like golf or tennis, but the journey back to activity often starts with taking the first step off the couch. We encourage patients to stay active."



## Understanding your back or neck pain symptoms

It's estimated that 80% of back and neck pain symptoms will go away on their own over six weeks with some special exercises. However, some problems represent emergency symptoms and need immediate medical attention to prevent permanent neurological damage. Here's some brief information on how to recognize some danger symptoms. Any symptom that does not improve over three days is a signal to seek medical attention. If you have any emergency symptoms, be sure to note that to the spine specialist when calling for an appointment.

Have you experienced any... <ul style="list-style-type: none"><li>• loss of control of bowel or bladder?</li><li>• numbness or tingling in an arm or leg?</li><li>• difficulty moving an arm or leg?</li><li>• SEVERE trauma, fall or car accident?</li><li>• Neck pain WITH severe headache, nausea, bright lights bother your eyes?</li></ul>	YES	<ul style="list-style-type: none"><li>• Loss of bowel/bladder control is an EMERGENCY symptom. You need to see a spine surgeon or go to an Emergency Room within 24 hours, or the symptom could become permanent.</li><li>• Numbness, pain or tingling into a leg or arm, especially when it extends below a knee or elbow, could imply a disc problem, and should be seen by a spine specialist within 2 days.</li><li>• Any traumatic fall or car accident could have fractured bones in your spine, or herniated a disc. You should see a spine specialist promptly who may perform X-rays to assess you.</li><li>• Neck pain with headache/nausea is an EMERGENCY symptom. See a doctor in 24 hours.</li></ul>
Did the pain come on after lifting, or after aggressive exercise or sports activity?	YES	<ul style="list-style-type: none"><li>• Lifting or sports activities can strain muscles, ligaments &amp; tendons, causing painful spasms. Extreme pain can require a spine specialist. Home remedies include anti-inflammatories like Advil/Nuprin, rest, ice and some simple stretching exercises. However, if symptoms don't improve over 3 days, you need to be assessed by a spine specialist.</li></ul>
Is the pain mostly in your low back, AND accompanied by a FEVER, or making you sick?	NO	<ul style="list-style-type: none"><li>• Back or neck pain that doesn't radiate pain or numbness into a leg or arm can be caused by a variety of problems, including a strain of the muscles or ligaments in the back or neck.</li><li>• Home remedies include anti-inflammatories like aspirin, Advil or Nuprin, rest, ice and some simple back/neck exercises. Don't do any exercise that causes an increase in pain.</li><li>• Remember: Those who self diagnose themselves and self treat themselves do so at their own risk. Back and neck pain can arise from a variety of causes and may require a spine specialist to perform diagnostic tests to identify your problem and the best treatment. A spine specialized therapist can also create a home exercise program customized for you.</li></ul>
Pain in the low back, along with a fever, could be a kidney infection. You should see a spine specialist immediately.	YES	

Those who self-diagnose and self-treat themselves with home remedies and exercises, do so at their own risk. Copyright 2014 Prizm.

# WHEN SHOULD YOU GO TO THE DOCTOR FOR BACK & NECK PAIN?

## WHAT DO YOUR BACK OR NECK SYMPTOMS INDICATE?

Many back or neck problems can improve on their own or with non-surgical treatment. However, some symptoms represent emergencies and need to be seen immediately by a spine specialist to prevent permanent nerve damage.

**PAIN IN THE ARM:** Pain that radiates into an arm below the elbow can imply a herniated disc in the neck. But many times, radiating pain can be treated non-surgically. Radiating pain is a symptom that should be seen by a spine specialist within two weeks.

**NUMBNESS/TINGLING/WEAKNESS IN ARM/HAND:** Numbness or tingling in the arm or hand is a more serious symptom that is NOT appropriate for watchful waiting. Left untreated, the symptom can become permanent. You should see a spine specialist within 5 days.

**PAIN IN 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 two weeks.

**NUMBNESS/TINGLING/WEAKNESS IN ARM/HAND:** Numbness or tingling in the arm or hand is a more serious symptom that is NOT appropriate for watchful waiting. Left untreated, the symptom can become permanent. You should see a spine specialist within 5 days.

**LOSS OF BOWEL OR BLADDER CONTROL** - This is an emergency symptom that needs to be treated immediately by a spine surgeon within 48 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.

**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 symptom. You need a spine specialist within 48 hours. If not treated promptly, it could lead to permanent weakness in the leg.



**FEVER, DROWSINESS, SEVERE HEADACHE, NAUSEA, VOMITING, UNUSUAL SENSITIVITY TO LIGHT?** While it's rare, these could be serious symptoms related to a neck injury or neck problem. To be safe, you should consult your family physician promptly to determine the cause of the symptoms.

**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.

**PAIN LIMITED TO THE LOW BACK:** Pain that is limited to the low back can often be a 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. However, if pain persists beyond a week, it could imply something different than muscle strain, and you should see a spine specialist to determine the underlying cause.

**PAIN RADIATING BELOW THE KNEE:** When pain radiates below the knee, it could imply a herniated disc. While many times this can be treated non-surgically, you should see a spine specialist within 5 days.

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. Copyright © 2014 Prizm • Centers of Excellence for Better Healthcare



# Back in class

Teacher of the year is now back in the classroom without pain after minimally invasive spine surgery

**Glenda was overjoyed to be selected as the Ninety Six Primary School “Teacher of the Year” at the end of the school year.**

Glenda is a successful first grade school teacher with 33 years of tenure. She enjoys staying active by working out in the gym with her personal trainer, walking and playing with her two granddaughters.

When Glenda first began experiencing mild pain in her back, leg and hip, she chalked it up to years of physical activity. But when her symptoms worsened, Glenda went to her family physician to find out what was causing her pain. She was given a round of steroids which offered only temporary relief of symptoms.

When her symptoms returned, she scheduled another appointment with her doctor to learn of her options. Her doctor ordered an MRI of her spine. The results revealed spinal stenosis at L3-4. Meanwhile, Glenda was starting to experience more severe pain symptoms along with cramps, numbness and tingling in her right leg, which represents a serious symptom if not resolved promptly.

Spinal stenosis is characterized by a narrowing of the spinal canal, which places pressure on the spinal cord and nerves, because there is not enough room for them. It is similar to a ring on an injured or inflamed finger. As the finger swells, the ring constricts it and causes pain.

Her family physician referred her to South Carolina Spine Center where a spine specialist suggested injection therapy to help relieve her symptoms. Spine injections are often used to help relieve pain symptoms and give the physician important information about the spine condition. Glenda had a steroid injection which offered her several months of symptom relief. Her personal trainer also formulated an exercise program designed for her condition.

Unfortunately, her symptoms returned. Glenda went in for another steroid injection. This time Glenda's pain and numbness came back after only two weeks. By now, her pain, numbness and tingling symptoms were greatly interfering with her quality of life. She was experiencing severe pain in her big toe also. Because of her symptoms, even the most basic activities such as standing, walking and sleeping were difficult. This was impacting her in the

classroom. In order to continue to work, Glenda would sit as she taught her first grade class.

Desperate to get back to her active lifestyle, Glenda returned to South Carolina Spine Center in search of other treatment options. The spine doctor next performed a nerve block, but her symptoms persisted. Glenda also noticed spine instability; her right shoulder was shorter than her left.

Because Glenda had tried nonsurgical spine treatment without lasting symptom relief, it was time to explore her spine surgery options. Glenda was next referred to a fellowship-trained spine neurosurgeon at South Carolina Spine Center.

“I have always lived an active lifestyle and I didn't want the pain and numbness symptoms to become a permanent way of life for me,” Glenda reflects. The neurosurgeon talked extensively with Glenda about the spine surgery needed to treat her spinal stenosis. While she was nervous about surgery and hesitant to be away from her first grade class for an extended period of time, Glenda was eager to get back to activity and decided to move forward with the surgery. She chose South Carolina Spine Center because of its reputation of excellence in spine surgery. The center is consistently ranked in the top 10 percent of all spine programs in the US by CareChex for spinal fusion.

Glenda's surgery was a success. “I felt immediate relief from my symptoms following surgery,” she says. Glenda was relieved to be able to walk without pain and she returned to working out with her personal trainer as soon as she could. The physical therapists at the Spine Center worked with Glenda's trainer in coming up with specific exercises designed to help straighten and strengthen her spine. She was happy to return to her classroom full of first graders — without the pain and numbness symptoms that had become a way of life. At the end of the school year, she was overjoyed to be selected as the Ninety Six Primary School “Teacher of the Year.”

*“South Carolina Spine Center helped me get my life back. They were just wonderful,” Glenda reflects.*





# Back on course

Weakness in his legs was preventing Craig from walking and playing golf. Customized stretches have him back at golf — without surgery.

Golfer is back on his game with non-surgical treatment of his back pain symptoms

A back problem often comes on disguised as either pain or weakness in the legs. Similarly, as an active, retired professional, Craig didn't realize he had a spine problem until he started feeling unusually tired after walking even short distances.

"I love playing golf and taking walks with my wife, Beth, for exercise," Craig explains. "But it was getting to the point I couldn't keep up with Beth on our walks," he remembers.

In addition to decreased endurance, Craig was also taking shorter steps and leaning forward when he walked. He felt tightness in his thighs and a tired back after walking or standing for even short periods of time. Even though Craig continued to play golf, he tired more easily than in the past.

"When my wife finally said to me that I was walking like an old man, it prompted me to make an appointment with my doctor," he explains. Craig made an appointment with a spine specialist at South Carolina Spine Center. Diagnostics revealed Craig had cervical and lumbar spondylosis (also known as facet arthritis) and degenerative scoliosis.

Aging along with daily wear and tear can make discs thinner, this results in less space between the spinal vertebrae. Additional pressure is then placed on the facet joints and causes them to press together. Facet joint arthritis is slow to develop and the usual cause is degenerative spinal discs.

The spine specialist at South Carolina Spine Center talked with Craig about conservative treatment options including spine specialized physical therapy. Eager to return to a more active lifestyle, Craig decided to try physical therapy.

At his first appointment, his physical therapist, Katie Hews, PT, performed a gait analysis. Katie next explained that his spine condition was causing the change in his gait. She also went over the individualized physical therapy regimen they would follow to help provide the most symptom relief for Craig. The exercises and stretches would focus on strengthening and activating his glute muscles and relieving tightness in his thighs.

"I was skeptical about physical therapy and wasn't sure it would help," Craig remembers. But he was pleasantly surprised to notice a difference in his gait after only a few sessions.

His wife noticed improvements also. "Around the time Craig started physical therapy, I had a two week trip planned. When I left for my trip, Craig couldn't stand up straight and was leaning forward as he walked. By the time I arrived home, Craig had gone to four PT sessions and I noticed an immediate difference in his stride," Beth remembers.

Craig continued to attend physical therapy over a period of two months. Today, he is walking with longer strides and is able to stand up straight again. He and his wife are walking together again for exercise. Craig is happy to note he is not as tired now after playing 18 holes. "Before physical therapy, I would occasionally play golf when it was cart path only, but was very reluctant to do so. Now, that's not the case," Craig says. "Many aspects of my daily life have improved since I attended physical therapy and I still incorporate a number of the stretches into my routine," Craig adds.



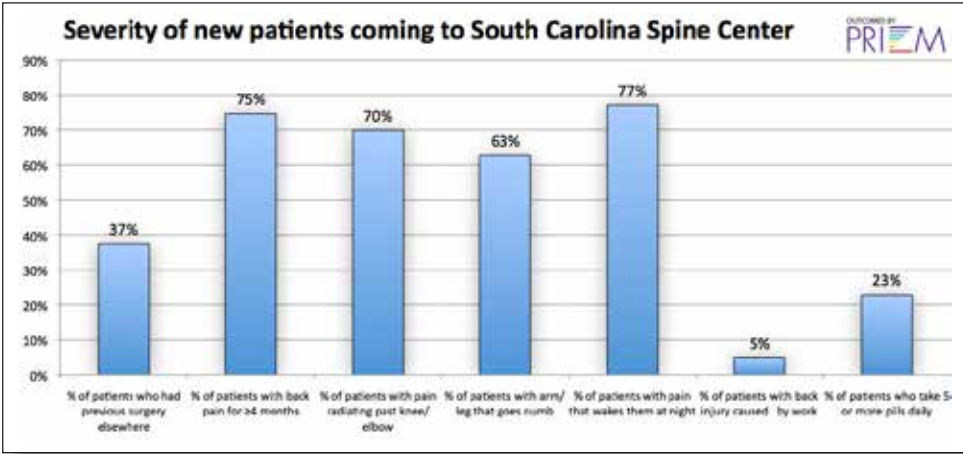
## Clinical outcomes at South Carolina Spine Center

As a regional referral for back and neck pain, South Carolina Spine Center receives a far more complex patient base than other clinics.

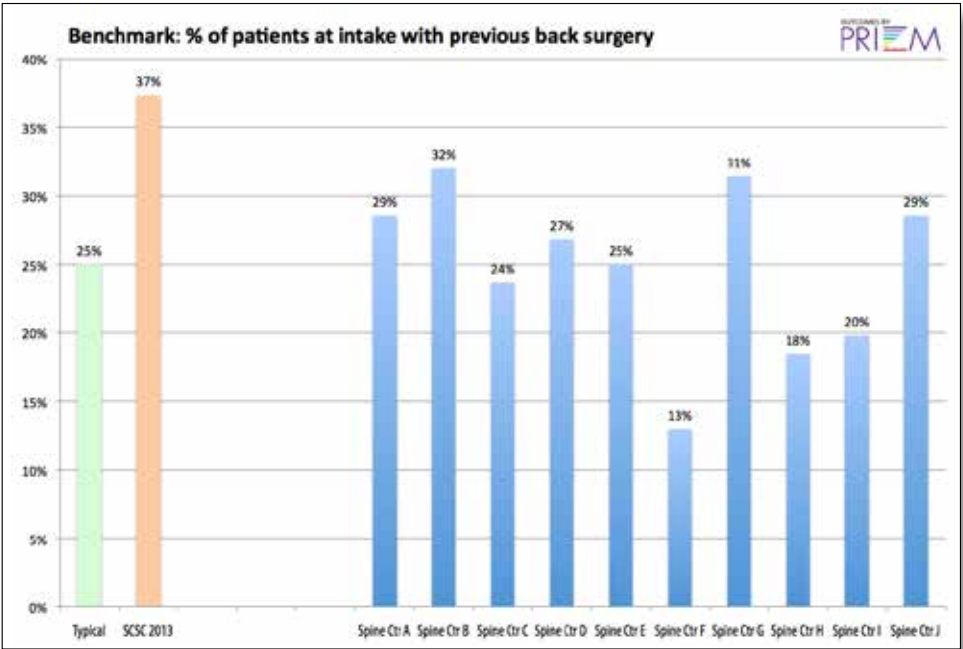
About one in three new patients (37%) walking in the front door of South Carolina Spine Center have had previous back surgery at other clinics.

Another 70% of patients have red flag symptoms like radicular pain, 63% have numbness into a leg or arm, both of which implies disc-related problems, rather than simple acute back or neck strain.

About 3 of 4 patients (75%) had back pain for 4 months or more. This severity of new patients presents a challenge for a spine center.



South Carolina Spine Center is referred the most complex back & neck pain patients from across the region



Even benchmarking South Carolina Spine Center to other spine centers shows that it receives as new patients far more complex backs than even other large spine centers. The benchmark chart shows that 37% of new patients coming to South Carolina Spine Center had previous back surgery. This failed back percentage is much higher than other spine centers which average about 25% for failed back surgery patients.

**ABOUT THE OUTCOMES PROCESS**  
New patients coming into South Carolina Spine Center completed an intake form that measured their pain level, severity of symptoms and functional status. Three months after first visit, an outside nurse, not employed by South Carolina Spine Center, calls a random sample of patients and interviews them for functional status, symptoms and patient satisfaction. This is the most unbiased method for outcomes analysis. The clinical outcomes presented here are analyzed and validated by an outside firm, Prizm Development, Inc., that specializes in tracking spine outcomes nationally, and is the most experienced entity in the nation related to spine specialty centers.



# Minimally invasive spine surgery shortens incision, speeds recovery

Minimally invasive spine surgery has evolved over the last 30 years to address a variety of spinal disorders including herniated discs, spinal deformity, injuries, fractures and degenerative disc disease.

Some spine surgeons have been quick to adopt this new minimally invasive technique along with the equipment needed, as it presents many benefits to the patient.

With that said, there are some surgeons who are more comfortable doing traditional back and neck surgery because of the time involved to

be trained and experienced in minimally invasive spine surgery.

Consequently, a patient needs to be well informed about the options available to them currently and to select a surgeon who is able to use the new instrumentation involved with minimally invasive spine surgery.

A patient should ask if a minimally invasive approach will be used, the length of the incision involved, and the length of time in recovery after surgery.

Compared to a three-

inch incision in traditional spine surgery, a surgeon performing minimally invasive spine surgery can access the spine through a small hole the size of a dime to allow a special endoscope to be inserted.

At the end of the scope is a camera with a video feed to a TV screen, enabling the surgeon to view the surgical area through the scope. A minimally invasive tubular retractor (MITR) is used to gain access to the spinal column.

The device goes through a small keyhole in the mus-

cles of the back, reducing damage to the spine.

By contrast, traditional open back surgery pulls the muscles away from the spine which disrupts the tissue causing a more discomfort after surgery.

Minimally invasive spine surgery reduces the hospital stay, reduces pain, results in less blood loss during surgery which can lessen the need for donated blood and the risks inherent in that.

A smaller incision can often translate into a faster return to work and activities,

and less chance of infection than traditional open back surgery.

The portals are left in during the entire surgery to allow specially designed surgical tools to move freely into the patient's spinal column and not to damage the soft tissue from exiting and inserting equipment.

When the portal is removed at the end of the surgery, the surrounding soft tissues slowly fall back into their normal place and a small amount of stitches are needed to close the area.



## South Carolina Spine Center: One of only five locations to have the most advanced spine surgery suite

South Carolina Spine Center gained access to one of the most advanced spine surgery suites in the nation. In July 2010, Self Regional installed the new iCT BrainSuite®, the first of its kind in the Southeast and was only the fourth in the nation. This surgical navigation system integrates 3-D images from a CT scanner in the operating room with real time guidance of instrumentation that functions much like a GPS system, but is incredibly more accurate.

Spine surgeons can see images of the spine, discs and nerves during surgery and confirm placement of surgical instruments within 1 millimeter. It provides the highest level of precision and accuracy available anywhere in the world.

BrainSUITE® is an ultra-advanced neurosurgical operating room that combines

surgical and diagnostic tools such as intra-operative CT scanning (iCT). This state of the art technology can give surgeons feedback in real time during complex spine and brain surgeries. Multiple CT scans are taken throughout the surgery and give surgeons a better picture of the progress of the surgery. The real time feedback can help a surgeon know if 100% of the surgery is complete, or if there are more problematic areas. The 3D surgical navigation system helps surgeons plan on the best path to the problem site, monitor the progress in real time throughout the surgery, and is often less invasive which translates to faster recovery time. The BrainSUITE technology provides several tools for visualizing and interacting with the data prior, during, and after surgery.



**BrainSUITE®**



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## South Carolina Spine Center

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(888) 526-8806 | [www.SCSpineCenter.org](http://www.SCSpineCenter.org)

Recognizing the national trend toward a Center of Excellence approach for complex health problems, South Carolina Spine Center was created by Self Regional Healthcare to improve the way the health system cares for back and neck pain. The South Carolina Spine Center is located in Greenwood, S.C., and cares for patients throughout the state of South Carolina and beyond the region. The Spine Center emphasizes non-surgical treatment options in advance of spine surgery. If spine surgery is needed, the Spine Center has three fellowship-trained neurosurgeons — the highest level of medical education possible.

South Carolina Spine Center, like all spine centers, is a work in progress, with the goal of providing a seamless integration of the appropriate specialists in spine care. South Carolina Spine Center will be measuring and reporting clinical outcomes and patient satisfaction to referral sources, employers and health insurance companies.

## Second opinion

A second opinion can help you determine if you have considered all possible treatment options and if there are any other non-surgical options that can relieve symptoms.

Call: 888-526-8806

Email: [SCSpinecenter@selfregional.org](mailto:SCSpinecenter@selfregional.org)



The Spine Center is committed to a well-informed health care consumer, and has an online spine encyclopedia at [SCSpineCenter.org](http://SCSpineCenter.org) that has symptom charts, home remedies for back problems, medical illustrations and video animations on spine conditions and surgeries. The Spine Center, as a community service, provides a free 36-page Home Remedy Book to those in their community with spine problems.



## Priority Consult for referring physicians

South Carolina Spine Center provides a Priority Consult for referring physicians that can triage the patient to the appropriate spine specialist at the Spine Center. The patient can call 888-526-8806 and speak to our Priority Consult representative.



The South Carolina Spine Center is consistently ranked in the top 10 percent of all spine programs in the U.S. by CareChex®.



Top 10 percent in the nation for Spinal Fusion Medical Excellence, 2011-2013.

Designated as a

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BlueCross BlueShield:

Blue Distinction Center for Spine Surgery®.

BlueCross BlueShield of South Carolina is an independent licensee of the BlueCross BlueShield Association. Designation as a Blue Distinction® Center means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at any facilities, please call your local BlueCross and/or BlueShield plan administrator.