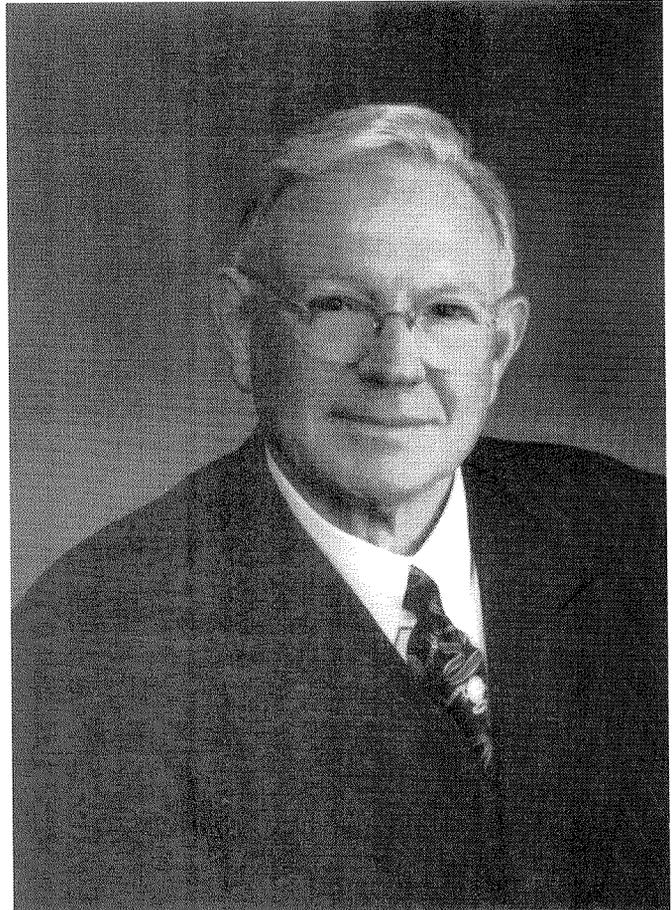


Is Spine Surgery Rehabilitation?

When the topics of spine surgery and rehabilitation arise, the question follows: "Can spine surgery be interpreted as a function on REHABILITATION?" The answer depends upon who is asking the question: the surgeon, the therapist, or the physician providing "therapeutic rehabilitative" care. For example, a very prominent physician in rehabilitation recently said in conversation, "Today, because a surgeon can often find reason to perform surgery on an acute spine injured patient, the performance of that procedure often takes away available health care dollars which, had it not been performed, might otherwise have been available for *rehabilitation!*" A spine surgeon such as myself, however, might ask the following question: might not surgery of the fractured spine be the "entry point" of a patient's rehabilitation?

Surely, there are questions relating to the need for surgery: "What component of the patient's condition requires surgery?" or "What would be the long-term impact of surgery on the patient's rehabilitation?" and even, "Might not surgery lead to extended efforts to rehabilitate the individual?" There may be cases where surgery does indeed extend rehabilitation time, but what might be the implications if extended rehabilitation time leads one to a conclusion that surgery was inappropriate?

Webster's definition of rehabilitation includes the following: "restoring one to a former capacity or state," or to "bring something to a condition of health, usefulness or constructive activity." However, in many ways, these definitions seem to imply that rehabilitation is "in the eye of the beholder." Neither of the definitions rules in or out the correctness of the interpretation of anyone involved in the rehabilitation process. The surgeon's vantage point approach may be interpreted as "cutting out the bad and making something better." The rehabilitationist might believe that the definition lies at the bedside or in the gym, where significant investments of



Paul R. Meyer, Jr., MD, MM

Director

Acute Spine Injury Center, The McGaw Medical Center of Northwestern University, Chicago, IL

personnel, time, effort, and activities are made in order to reinstate the patient to his or her former "sense of well being." Certainly, this long-term effort is vital to restoring a patient to a quality of life similar to that before that patient's condition; however, is the short time a surgeon invests following surgery that which disqualifies the surgeon as being a functionary in the rehabilitation process? This would be as unfortunate as to express a belief that because "a hand need not

have been laid upon the patient," or too few persons were involved in the acute phase, only those performing in the longer term "chronic" phase can have bestowed the *nomen dubium* ("a taxonomic name that cannot be assigned with certainty to any taxonomic group because the description is insufficient for identification...") of "REHABILITATIONIST." Patients who are qualified candidates for surgery generally benefit greatly from the surgical procedure and ultimately can reach the highest quality of life possible after injury

through the combination of surgery and rehabilitation. Surgery and "therapeutic rehabilitation" currently coexist, but I strongly suggest that the two should be looked upon as complimentary, not exclusive.

Paul R. Meyer, Jr., MD, MM

This guest editorial is an invited opinion.
The Editor