

# 40-Year-Old Male Firefighter with Hx of Neck Pain and Desire to Pursue Jujitsu



**By Kris Parchuri, DO**

***Practice***

Spine & Orthopedic Specialists

***Location***

Tulsa, OK

***Area of Interest***

Dr. Parchuri is passionate about motion preservation and helping to reduce or eliminate his patients' pain using the latest treatments, including disc replacement surgery. He has more than 15 years of experience in this advanced procedure. Dr. Parchuri considers every patient a candidate for disc replacement surgery prior to considering other surgical options.

***Education***

**Medical School**

Kansas City University of Medicine and Biosciences College of Osteopathic Medicine, Kansas City, MO

**Orthopedic Residency**

Oklahoma State University Medical Center, Tulsa, OK

**Spine Fellowship**

Texas Back Institute, Plano, TX

**Board Certification**

American Osteopathic Association



## ■ PATIENT HISTORY

SM is an active 40-year-old male seen initially complaining of severe neck and left arm pain. He described the pain as episodic, increasing with activity. He is an ex-collegiate wrestler that works as a fireman now. The pain was so severe at times, he was becoming concerned about performing his job. He also had to quit martial arts training because of his symptoms. He denied any injury he could recall.

Prior to seeing me, he did undergo 2-3 months of chiropractic treatment, rest, NSAIDs, and one CESI. The CESI was the most helpful, but only lasted several days. He presented with a cervical MRI which did reveal a central and left sided HNP. We repeated the CESI, anticipating that surgery was to be considered if no significant relief was obtained.

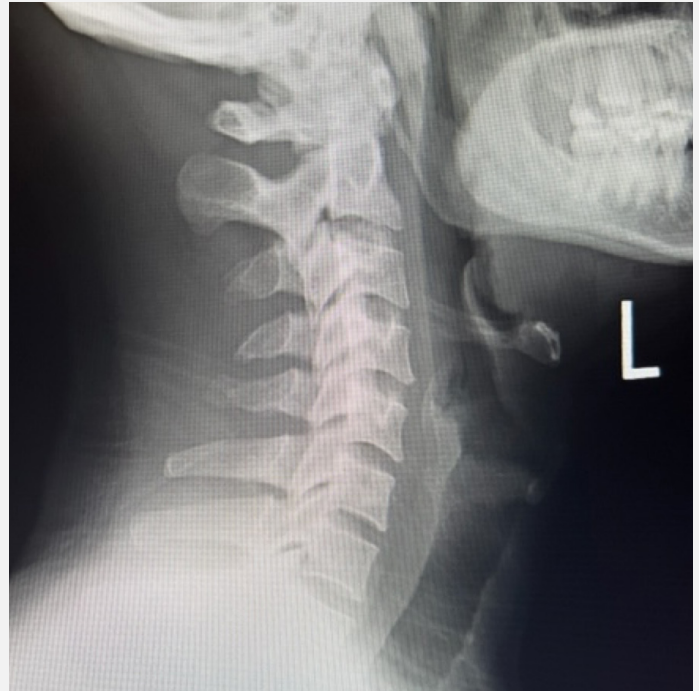


FIGURE 1: Initial Lateral Radiograph



FIGURE 2: Initial A/P Radiograph

## ■ OPERATIVE PLAN

When discussing surgical options with the patient, we considered a foraminotomy, ACDF, or ADR. I felt the location of the HNP would not allow for adequate decompression via a posterior approach, therefore, our discussion was focused on ACDF vs ADR. SM expressed a strong desire to return to work without limitations as quickly as possible. Range of motion and limiting adjacent segment disease/repeat surgery were also primary concerns of his.

After careful consideration, I recommended ADR to address his pathology and optimize return to work/lifestyle. Normally, I would recommend **prodisc C Vivo** due to increased activity demands. However, with SM's jujitsu training and physical demands of being a firefighter, I felt further stability in the form a keel would be appropriate due to increased torsional stress. I recommended the **prodisc C SK** option and the surgery was completed successfully. His neck and left arm pain had been resolved by the initial 2-week post-operative visit. Following the 6-week post-operative visit he was allowed to work with lifting restrictions of 10-20 pounds. He was discharged without restrictions at the 12-week post-operative visit.

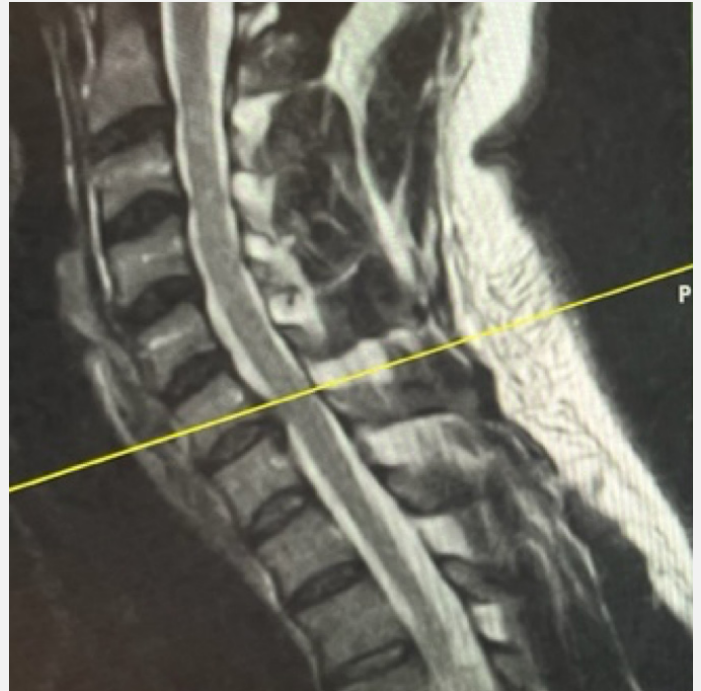


FIGURE 3: Initial Sagittal MRI

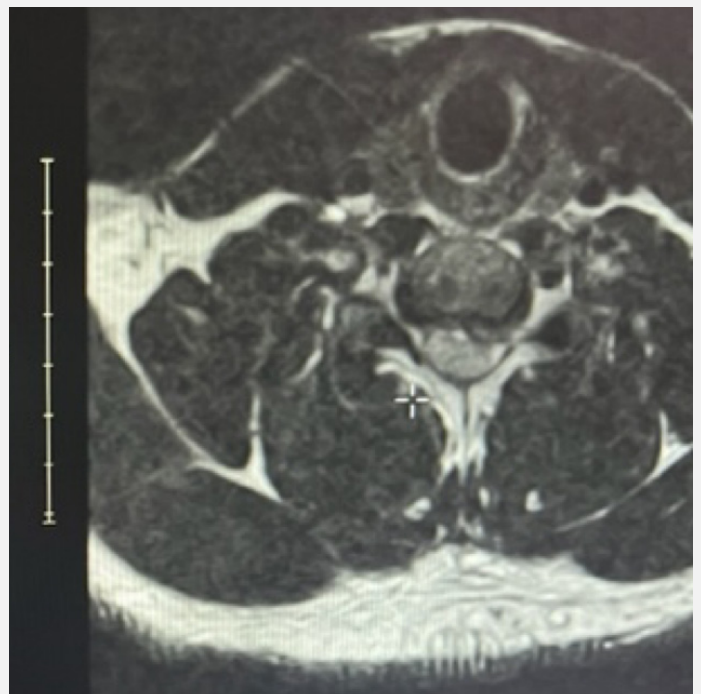
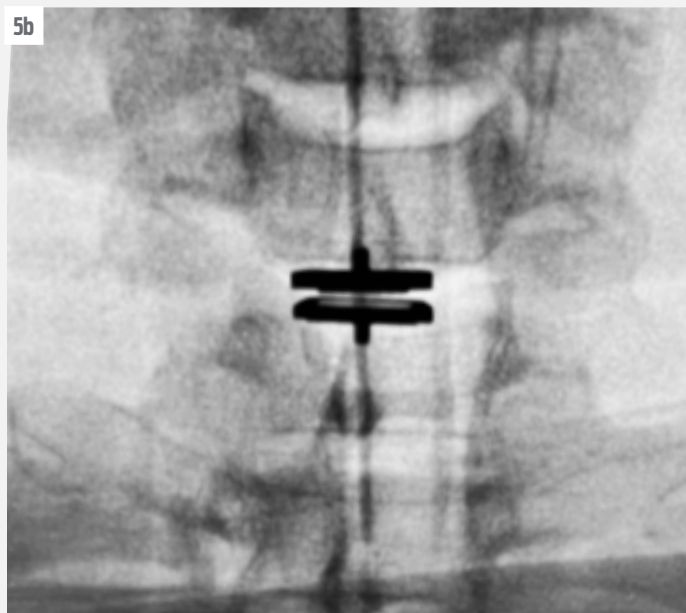
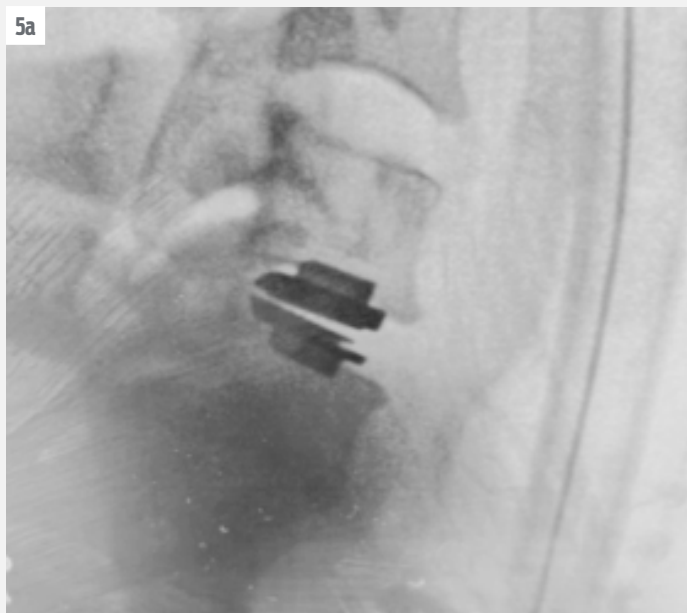


FIGURE 4: Initial Axial MRI

## ■ DISCUSSION

**prodisc C Vivo** was probably a satisfactory option for this patient. However, I felt the keels provided slightly more stability with the specific neck maneuvers SM was asking to get back to regarding his jujitsu training.



FIGURES 5a, 5b: Final Radiographs in Lateral (a) and A/P (b) Views with **prodisc C SK**.