FONAR Upright[™] Full-Range-of-Motion Multi-Position[™] MRI Uncovers "Hidden Disc"

More Proof: Case Study #5

A 62-year-old woman with chronic neck pain of 30 years duration that radiated into the patient's shoulders, sought upright weight-bearing flexionextension MRI to visualize the origin of her pain. Her neutral-sitting examination showed a C5-6 herniation, but upon extension an additional herniation appeared at C4-5.

The patient is currently being treated conservatively. She is hoping presently that surgery can be avoided, but the spine surgeon participating in her case, reports that should it come to surgery, it is critical to know of the existence of a herniation occurring on extension at C4-5.

Surgical cervical disk repair invariably includes fusion of the involved cervical level, and since cervical herniation is frequently associated with spinal instability at the involved level, any surgeon, unaware of the herniation and potential instability at C4-5, would fuse C5-6, unaware that a fusion of C5-6 might provoke added instability at C4-5 and added cervical symptoms. The result would be an unsuccessful surgical outcome and no explanation for the unsatisfactory result, since traditional recumbent-only MRI without extension would not have visualized the existence of the herniation at C4-5.

Case study courtesy of: Richard Marks, M.D. Board-Certified Orthopedic Surgeon Up and Open Imaging, Dallas, Texas







Upright Extension

If you can't see it, you can't fix it.



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Upright Neutral