



4501 Mission Bay Drive, Ste. 3K, San Diego, CA 92109, Phone (858) 866-0340

Physical Therapy's Effects Equal to Surgery for Spinal Stenosis Symptoms

The study appears in the Annals of Internal Medicine [Ann Intern Med. 2015 Apr 7; 162(7):465-73] conducted between 2000 to 2007 and limited to patients 50 years and older who had no previous lumbar spine stenosis (LSS) surgery. All 169 participants were qualified for surgery. The results showed that surgical decompression yielded similar effects to a PT regimen among patients with LSS who were surgical candidates.

From a clinical standpoint, Delitto and colleagues trial suggests that a strategy of starting with an active, standardized physical therapy regimen results in similar outcomes to immediate decompressive surgery over the first several years. Editorial author Jeffrey Katz, M.D. indicates that taken together, the data suggests that patients with LSS should be offered a rigorous physical therapy regimen, and those who do not improve and ultimately consider surgery should be informed that the benefits are likely to diminish over time.

We at Ocean Physical Therapy have successfully treated many clients with LSS over the years, majority with good results and have returned to functional daily activities with minimal to no symptoms. Physical therapy can help. Our process starts with initial evaluation and will follow with home exercises, ther-ex in gym, manual therapy, and use of modalities as needed.

Learn more about us at: www.oceanpt.net

We accept a wide range of insurance carriers as well as cash clients.

Please call us at 858-866-0340 if you'd like more prescriptions sent to you.

If you'd like to have your fax # removed, please notify us via office phone. Thank you.



"Wave Of Recovery"

Ocean Physical Therapy

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Patients Name: _____ Date: _____

Diagnosis: _____ ICD-9: _____

Specific Instructions (as needed): _____

___ Evaluate and Treat (as needed)

- | | |
|--|--|
| <input type="checkbox"/> Manual Therapy - Mobilization | <input type="checkbox"/> Joint Mobilization |
| <input type="checkbox"/> Soft Tissue Massage - Mobilization | <input type="checkbox"/> Neuromuscular Re-education |
| <input type="checkbox"/> Therapeutic Exercise - Active -
Passive - Resistive - Functional | <input type="checkbox"/> Electrical Stimulation - Pain Control |
| <input type="checkbox"/> Gait Training | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Traction (manual) - Cervical -
Pelvic - Extremities | <input type="checkbox"/> Cold Pack |
| <input type="checkbox"/> Simulated Work Hardening - Conditioning | <input type="checkbox"/> Heat Pack |
| | <input type="checkbox"/> Custom Foot Orthotics |
| | <input type="checkbox"/> Other - Specify |

Frequency: ___ per week for ___ weeks Physicians Signature: _____

Print Name: _____ Lic/NPI# _____