# **Options for Spine Treatments**

## **Categories of Spinecare**

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Long-term health management is becoming more important in the field of spinecare. Third party payers generally will not continue to pay a healthcare provider after a spinecare specialist indicates that maximum therapeutic benefit has been achieved. This does not always mean that follow up spinecare is not necessary. Follow up may be required to address chronic pain, to evaluate treatment compliance and to make sure the patient status does not regress after discontinuing care.

Patients need to understand the natural course of their spine disorder with and without care. Furthermore, they need to be made aware of the role of their lifestyle, work responsibilities, environment, and genetics on their condition. They need to be taught what steps they can take to reduce the risk for reoccurrence and to help manage their condition. There are different categories of spinecare some of which are outlined below.

#### **Passive Spinecare**

Passive care refers to the application of treatment procedures by the physician and their staff. The patient generally does not play an active role, but passively submits and receives care. Common examples of passive care include ultrasound, spinal manipulation, laser therapy, acupuncture and electrical stimulation therapy.

#### **Active Spinecare**

Active care can be characterized by Active participating of the patient in their care. Common examples of active care include exercise therapy, physical rehabilitation, programs, weight loss, dietary modifications, lifestyle modifications, postural training, as well as the implementation of safety habits, and modification of life stressors. A comprehensive spinecare program will include health promotion, varying degrees of support or maintenance care and will also require patient participation. The active approach and self-care is gaining wide spread acceptance in today's health and cost conscious society.

#### **Supportive Spinecare**

Supportive care refers to the treatment of the patients who have already reached maximum therapeutic benefit, but who failed to sustain the benefit. They progressively deteriorate when released from care. Supportive care generally follows the application of active and passive care and often includes rehabilitation and lifestyle modifications. Supportive care requires some degree of home-based self-care. Supportive spinecare should always be discontinued when the risks outweigh the benefits. Examples of risks include development of medication dependence, illness behavior, secondary gain, or somatization.

#### **Preventative Spinecare**

Preventative spinecare refers to any therapeutic management plan or self-care approach that seeks to help prevent spine disease, reduce the risk for injury, enhance spine health, or improve spine function. The approach often includes implementation of specific exercises and postural considerations to help reduce the risk for injury and inflammation.

#### **Spine Performance Enhancement:**

This type of spinecare refers to the implementation of methods to enhance spine function beyond normal. This usually involves an athletic/sports medicine approach with conditioning/training of spinal tissues so that the spine can perform better and accept greater demands without risk of injury. The primary difference between this type of care and preventive spinecare is the level of performance achieved. The type of training and lifestyle modification for performance enhancement is typically more demanding than that required for the prevention or treatment of back pain. Examples are pylometrics and cross-training.