



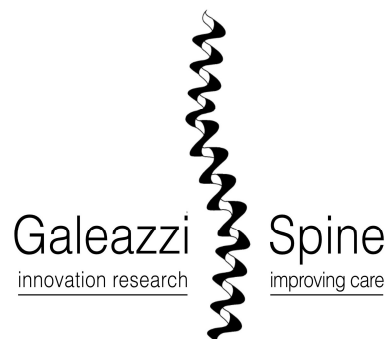
UNIVERSITY & RESEARCH  
HOSPITALS

**“Come prevenire le malattie croniche della colonna vertebrale attraverso stili di vita, diagnostica ed interventi di educazione, prevenzione e riabilitazione adeguati”.**

Pedro Berjano

Responsabile Chir. Vertebrale GSpine<sup>4</sup>

**IRCCS Istituto Ortopedico Galeazzi – Milano (Italy)**



Dr. Pedro L. Berjano

ORTHO-SPINE

La clinica della schiena

Via Marsala,3 Monza (MB)

Tel. 039 9165219

[www.orthospine.it](http://www.orthospine.it) - [info@orthospine.it](mailto:info@orthospine.it)



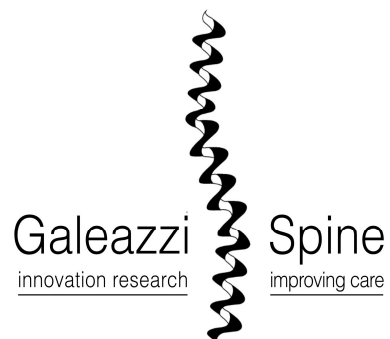
UNIVERSITY & RESEARCH  
HOSPITALS

# Come procurarsi una schiena sana !

Pedro Berjano

Responsabile Chir. Vertebrale GSpine<sup>4</sup>

**IRCCS Istituto Ortopedico Galeazzi – Milano (Italy)**



An International Multidisciplinary **T.E.A.M.** - **T**ransparent, **E**galitarian, **A**ccountable, **M**eritocratic

## Chairmen



Minimally Invasive Surgery  
Pedro Berjano  
Orthopedic Surgeon



Adult Deformity  
Claudio Lamartina  
Orthopedic Surgeon



Congenital Deformity  
Max Aebi  
Orthopedic Surgeon



Spinal Tumors  
Stefano Boriani  
Orthopedic Surgeon



Cervical Spine  
Paolo Lepori  
Neurosurgeon



Pediatric Deformity  
Gian Luigi Siccardi  
Orthopedic Surgeon

## Senior Staff Surgeons



Riccardo Cecchinato  
Orthopedic Surgeon



Marco Damilano  
Orthopedic Surgeon



Francesco Langella  
Orthopedic Surgeon



Carlotta Martini  
Neurosurgeon



Matteo Pejrona  
Neurosurgeon



Andrea Redaelli  
Orthopedic Surgeon

## Consultant



Aldo Sinigaglia  
Orthopedic Surgeon

## Residents



Matteo Agarossi



Francesco Grasso

## Research Office



Paolo Barletta



Jorge Villafane



UNIVERSITY & RESEARCH  
HOSPITALS

# Vettoretti Erik

IRCCS Istituto Ortopedico Galeazzi – Milano (Italy)



# History

38 years old man

BMI 28 (overweight)

Heavy smoker (20/day)

Good clinical conditions

# Orthopaedic History

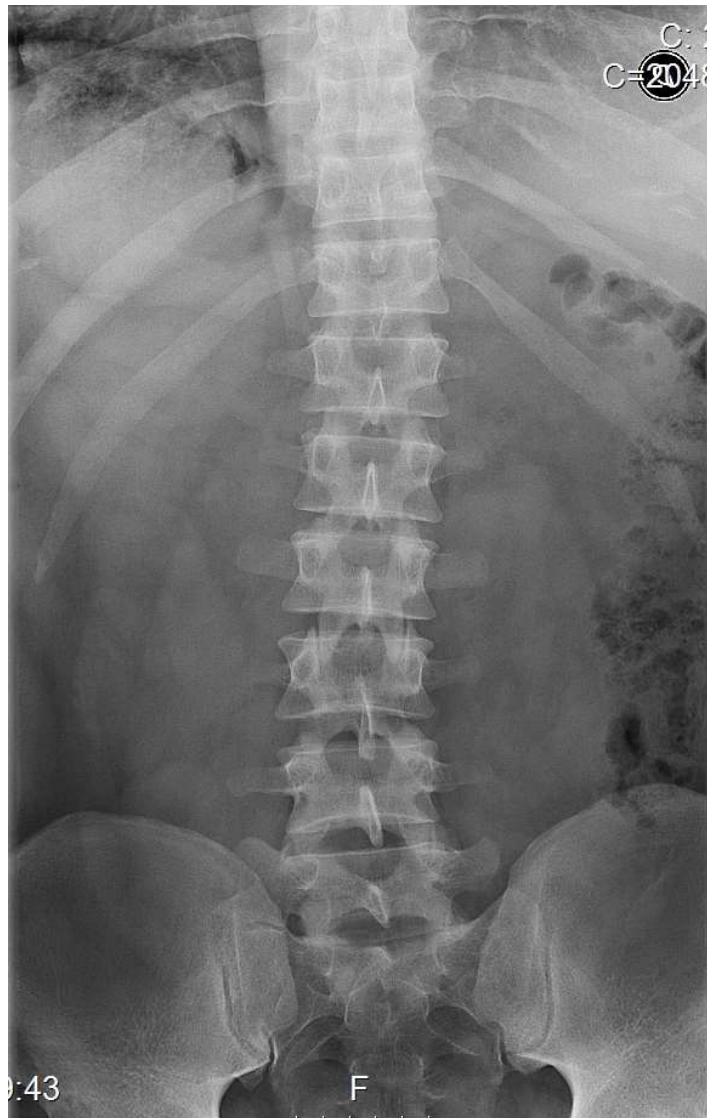
- Low back pain and left sciatica for 2 years
- Functional impairment
- No benefit from conservative treatment

ODI: 36 VAS back:6 VAS legs :8

# Physical Exam

- Antalgic anterior flexion of the trunk
- Neurologic assessment: 4/5 TA weakness
- Positive left Lasegue sign
- Bilateral Hyperreflexia

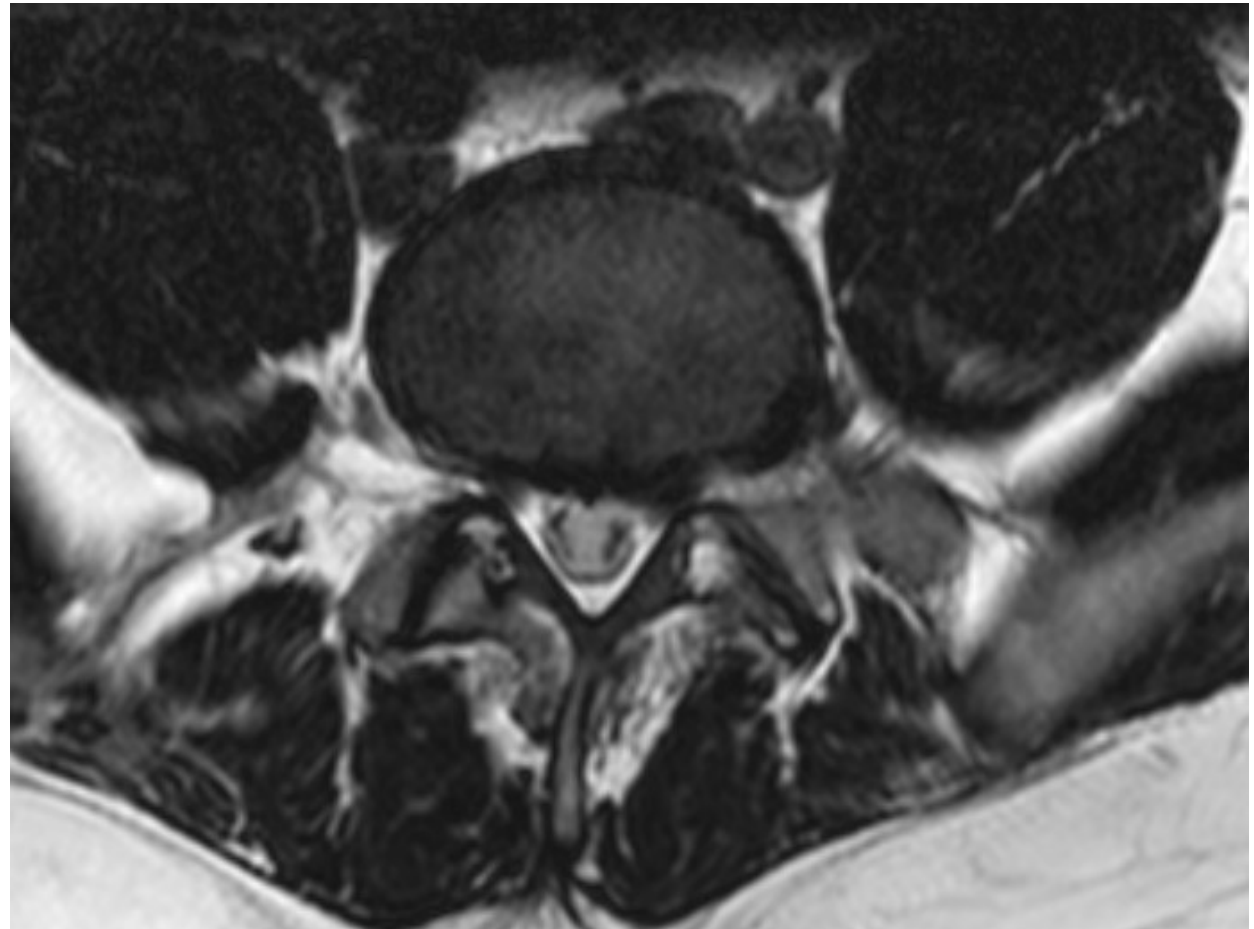
# December 2013 X-rays



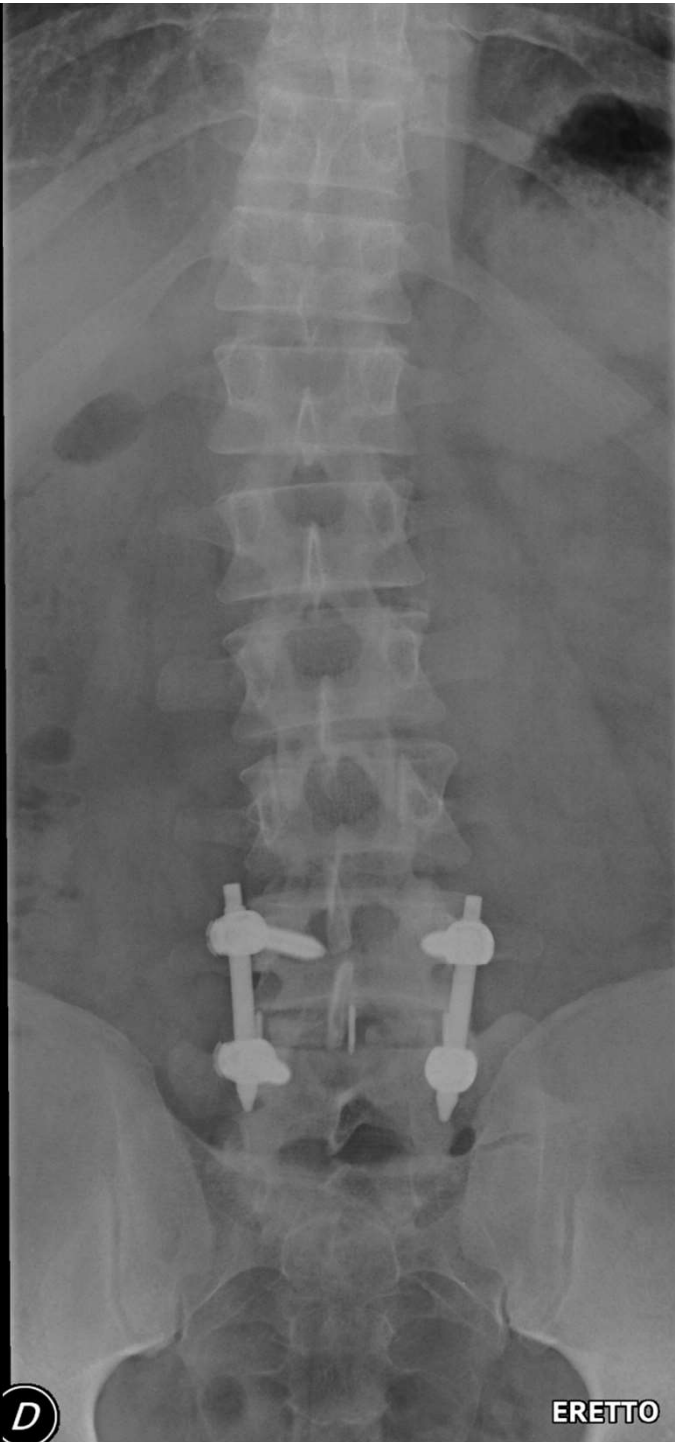
SUPINE



# March 2015 MRI

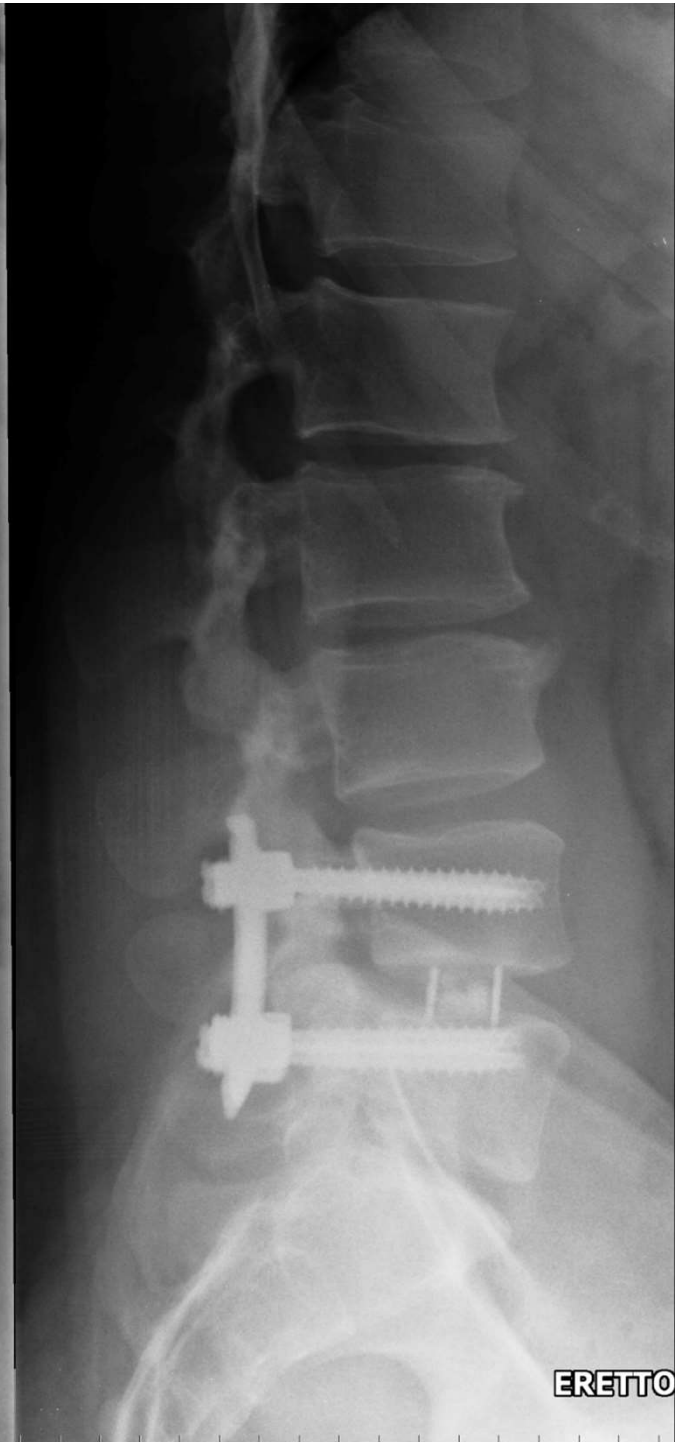


L4-L5



D

ERETTO



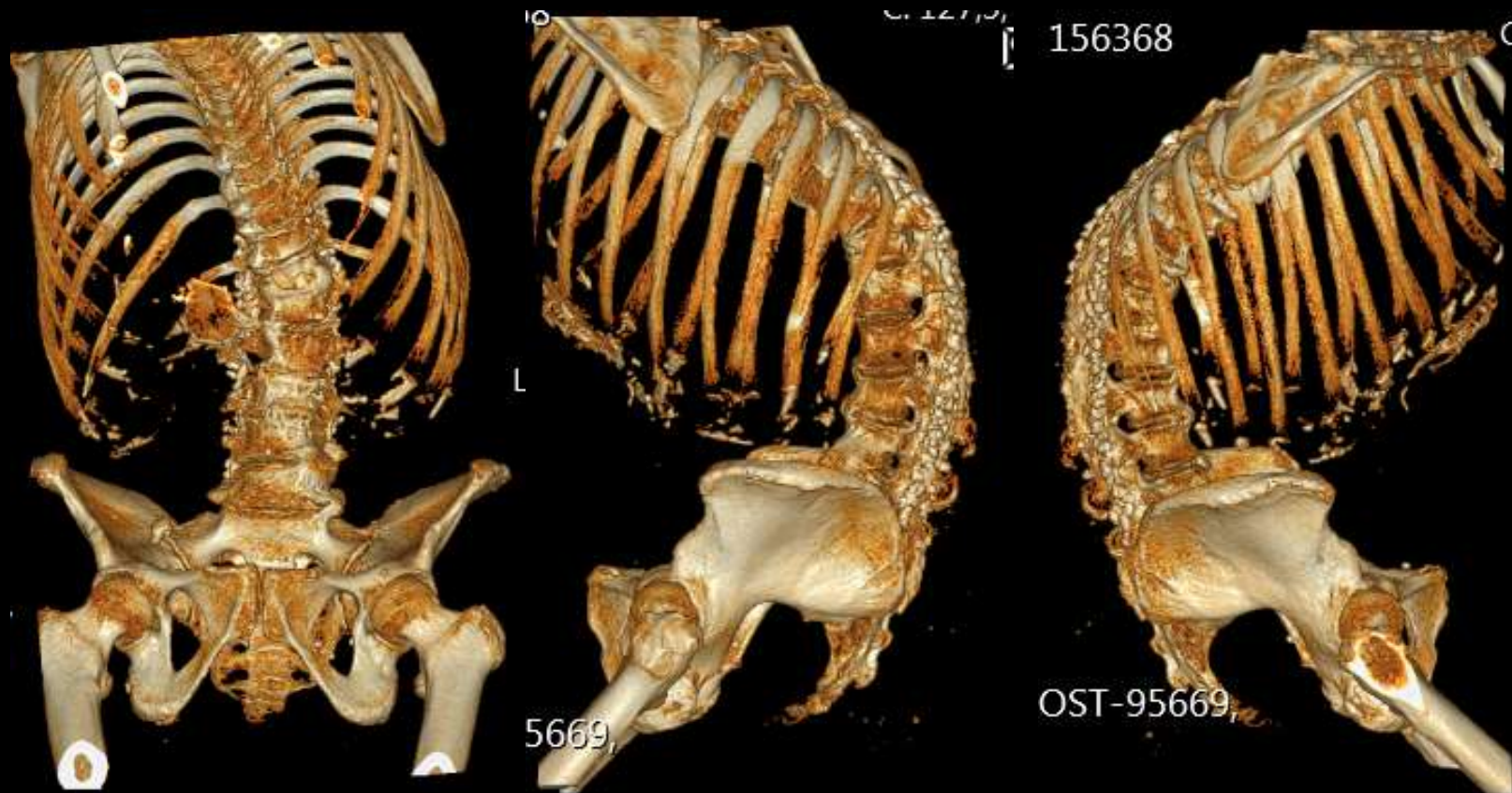
ERETTO

# 3 months

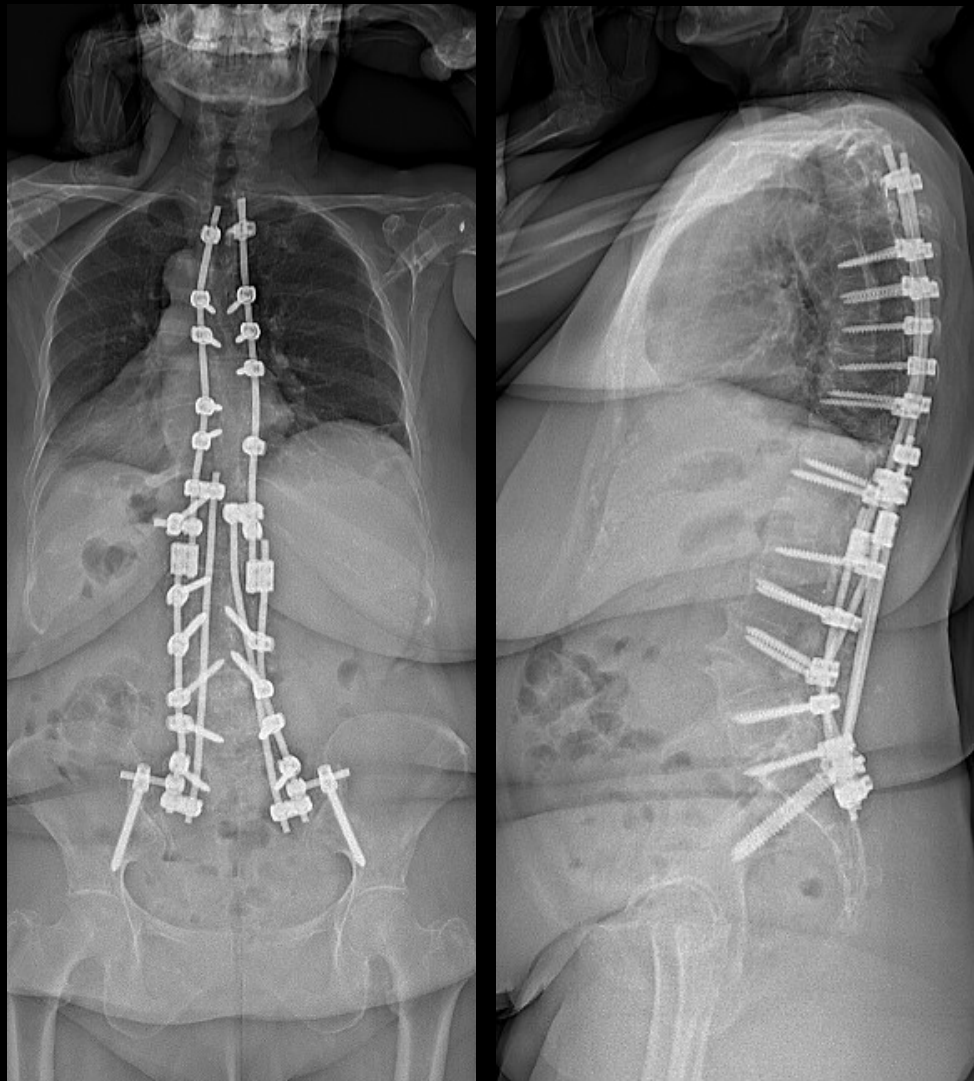
- ODI 8%
- VAS back 0/10
- VAS leg 0/10



Pre-Op 3D reconstruction (2018)

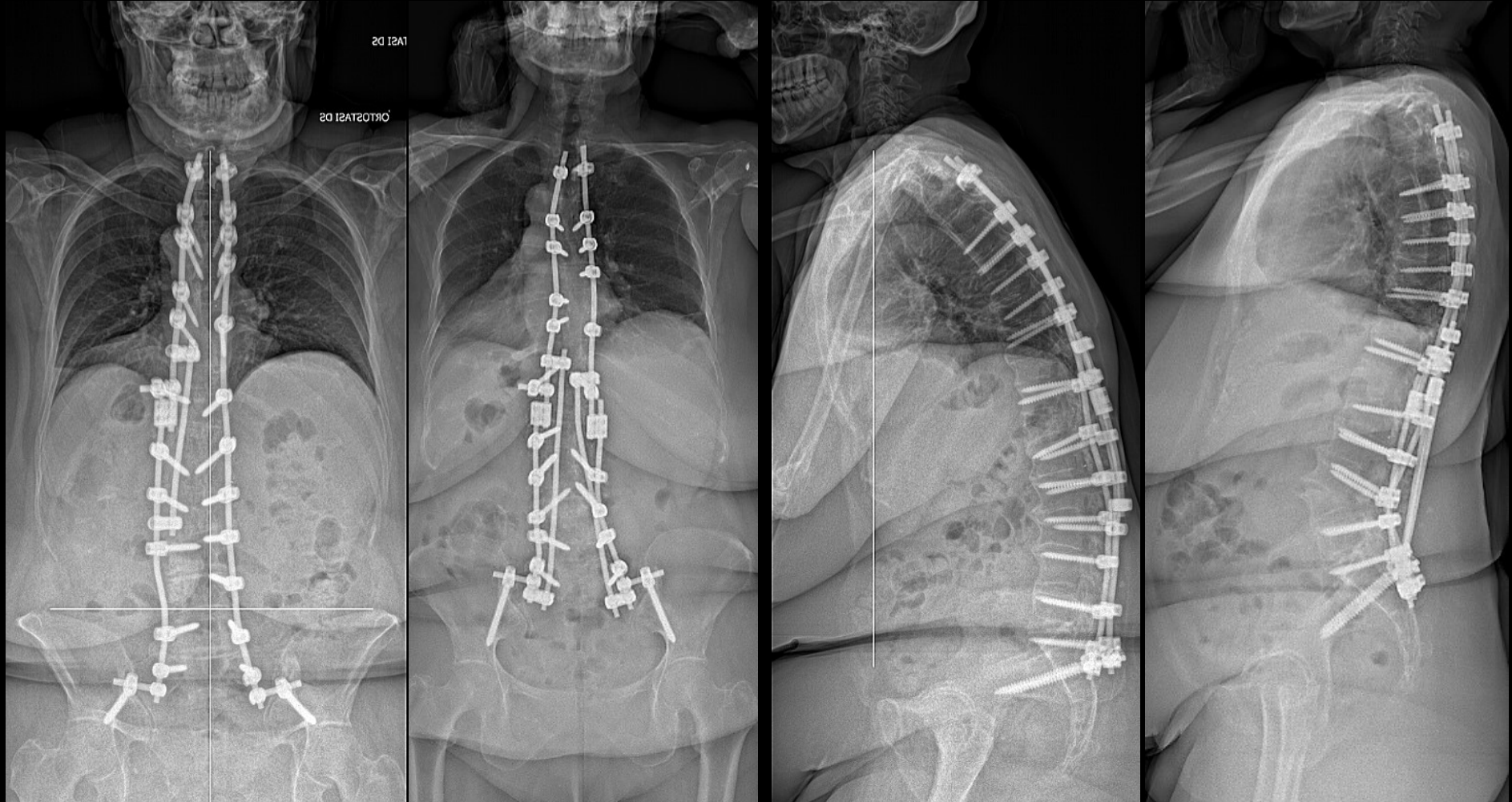


## Post-Op Xray



	Pre-Op	Ideal	Post-Op
PI	50	*	52
PT	47	12	25
LL	-10	-60	-53
LLL (L4-S1)	-1	-40	-45
TJK (T11-L1)	7	0	10
SVA		<50mm	-20
TK over 60y	20	50	28

# Post-Op Xray



# Male di schiena: Quanto è frequente?





# Muoviamo il collo!



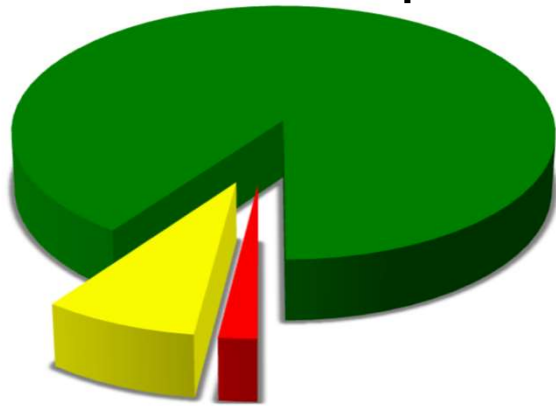
# Alcuni dati

- Sondaggio in sala
- 80% della popolazione avrà male di schiena
- 50% degli adulti hanno un episodio durante l'anno
- 7% dei consulti dei MMG
- 3a causa di consulto
- 4.1 milioni di giornate lavorative perse
- 90% senza una causa strutturale

# Quanto dura il male di schiena

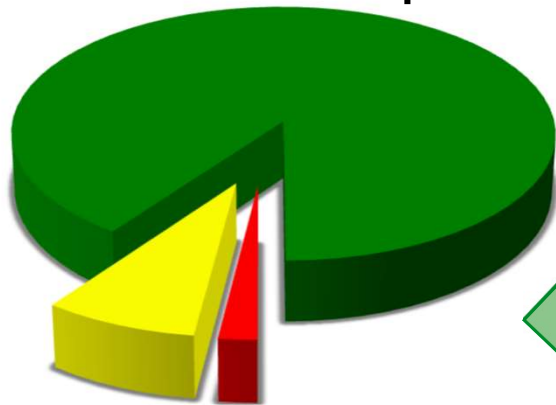
- 90%: meno di 6 settimane
- 2% più di 3 mesi

# Numero di persone



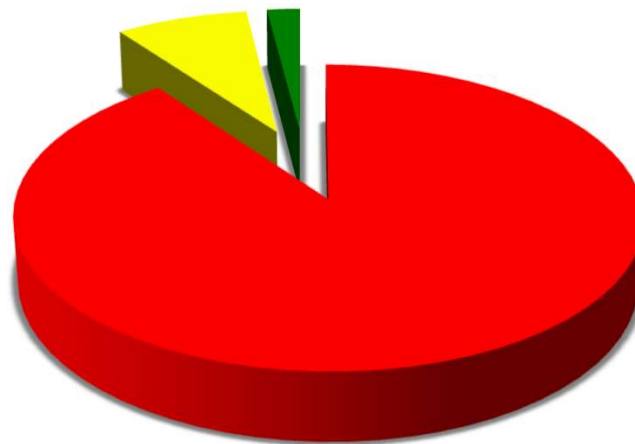
- Più di 3 mesi (cronico)
- 1-3 mesi (subacuto)
- Meno di 1 mese (acuto)

# Numero di persone



- Più di 3 mesi (cronico)
- 1-3 mesi (subacuto)
- Meno di 1 mese (acuto)

Costi



- Più di 3 mesi (cronico)
- 1-3 mesi (subacuto)
- Meno di 1 mese (acuto)



# Da cosa dipende >3 mesi?

# Da cosa dipende >3 mesi?

- Idee erranee
- Scarsa condizione fisica
- Stress
- Depressione
- Ansia
- Alcohol, sostanze
- Insoddisfazione
- Scarso supporto familiare
- .....
- Lesioni spinali (ernie, ecc)



## Smoking Can Cause Chronic Back Pain, Studies Show

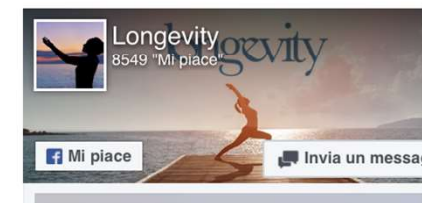
 Editor LL /  29 October 2018 /  773



### SEARCH LONGEVITY

Search ...

SEARCH



### GET OUR NEWSLETTER

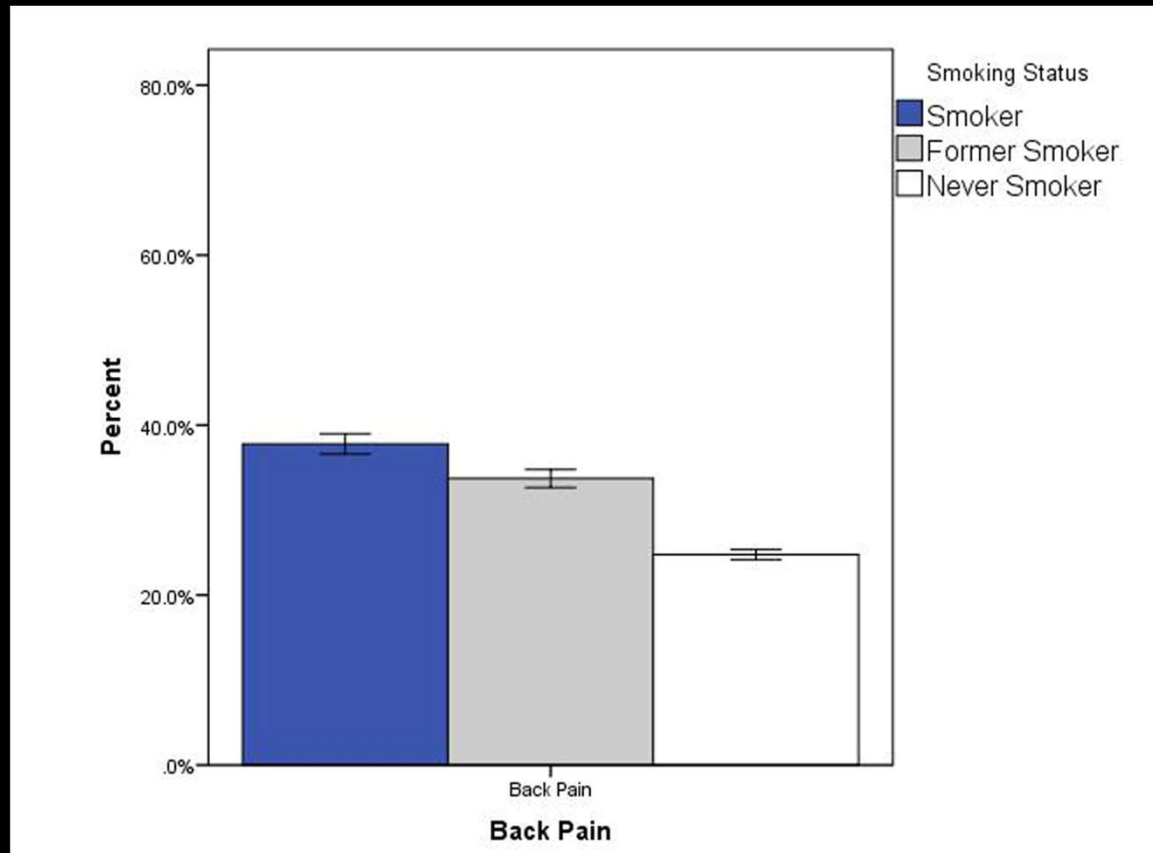
your name here

## Association Between Smoking and Back Pain in a Cross-Section of Adult Americans

Bart N. Green<sup>1</sup>, Claire D. Johnson<sup>2</sup>, Jeff Snodgrass<sup>3,4</sup>, Monica Smith<sup>5</sup>, Andrew S. Dunn<sup>6</sup>

1. Publications, National University of Health Sciences 2. Publications, National University of Health 3. Department of Occupational Therapy, Milligan College 4. Department of Occupational Therapy, School of Health Sciences at Walden University 5. Research, Life Chiropractic College West 6. Chiropractic, VA Western New York Health Care System

✉ **Corresponding author:** Bart N. Green, bngreen@aol.com  
Disclosures can be found in Additional Information at the end of the article



# Come va il collo?



# Il dolore di schiena è un problema bio- psico-sociale

## **Myth#1**

**Moving  
will make  
my back  
pain  
worse**

## **Fact:**

People fear twisting and bending but it's essential to keep moving. Gradually increase how much you are doing, and stay on the go.

## **Myth#1** **Fact:**

**Moving  
will make  
my back  
pain  
worse**

People fear twisting and bending but it's essential to keep moving. Gradually increase how much you are doing, and stay on the go.

## **Myth#2** **Fact:**

**I should  
avoid  
exercise,  
especially  
weight  
training**

Back pain shouldn't stop you enjoying exercise or regular activities. In fact, studies found that continuing with these can help you get better sooner including using weights where appropriate.

**pain  
worse**

you're doing and  
stay on the go.

## **Myth#2**

**I should  
avoid  
exercise,  
especially  
weight  
training**

## **Fact:**

Back pain shouldn't stop you enjoying exercise or regular activities. In fact, studies found that continuing with these can help you get better sooner including using weights where appropriate.

## **Myth#3**

**A scan  
will show  
me exactly  
what is  
wrong**

## **Fact:**

Sometimes it will, but most often it won't. Also, even people without back pain have changes in their spine so scans can cause fear that influences behaviour, making the problem worse.



**I should avoid exercise, especially weight training**

Back pain shouldn't stop you enjoying exercise or regular activities. In fact, studies found that continuing with these can help you get better sooner including using weights where appropriate.

**Myth#3**  
**A scan will show me exactly what is wrong**

**Fact:**

Sometimes it will, but most often it won't. Also, even people without back pain have changes in their spine so scans can cause fear that influences behaviour, making the problem worse.

**Myth#4**  
**Pain equals damage**

**Fact:**

This was the established view but more recent research has changed our thinking. Modern physio takes a holistic approach that helps people understand why they are in pain.

**Myth#1** **Fact:**

**Moving will make my back pain worse**

People fear twisting and bending but it's essential to keep moving. Gradually increase how much you are doing, and stay on the go.

**Myth#2** **Fact:**

**I should avoid exercise, especially weight training**

Back pain shouldn't stop you enjoying exercise or regular activities. In fact, studies found that continuing with these can help you get better sooner including using weights where appropriate.

**Myth#3** **Fact:**

**A scan will show me exactly what is wrong**

Sometimes it will, but most often it won't. Also, even people without back pain have changes in their spine so scans can cause fear that influences behaviour, making the problem worse.

**Myth#4** **Fact:**

**Pain equals damage**

This was the established view but more recent research has changed our thinking. Modern physio takes a holistic approach that helps people understand why they are in pain.

# Cosa posso fare per prevenire?

- Eliminare il fumo
- Ossigenare i tessuti: 5000 passi, scale, mezzi
- Conservare i muscoli: 3 minuti al giorno
- Ridurre la tensione: 1 min per ora
- Riposare bene

# Cosa posso fare per prevenire?

- Modificare le idee erranee
- Controllare stress
- Controllare tensione muscolare
- Riequilibrare la biochimica del sistema nervoso!



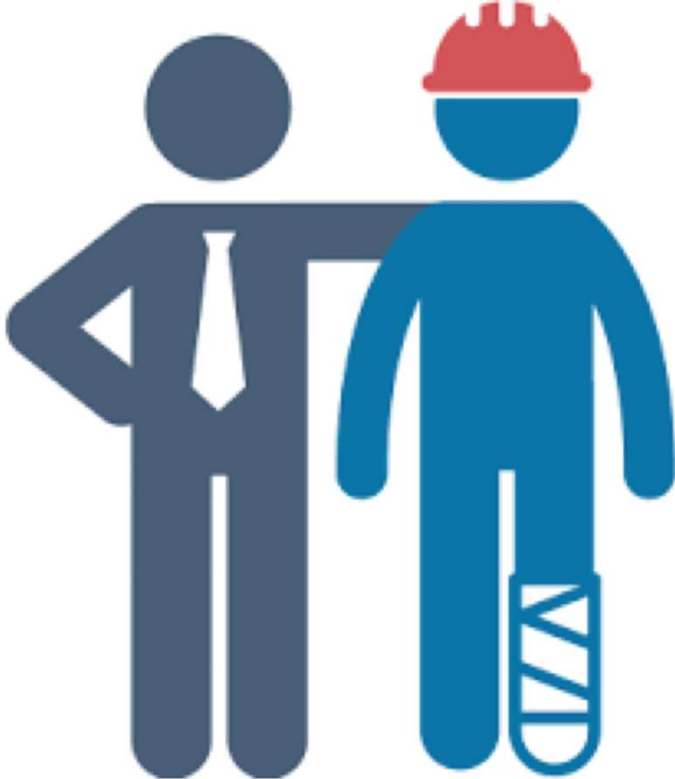
Original Investigation

# Effect of Mindfulness-Based Stress Reduction vs Cognitive Behavioral Therapy or Usual Care on Back Pain and Functional Limitations in Adults With Chronic Low Back Pain A Randomized Clinical Trial

Daniel C. Cherkin, PhD; Karen J. Sherman, PhD; Benjamin H. Balderson, PhD; Andrea J. Cook, PhD;  
Melissa L. Anderson, MS; Rene J. Hawkes, BS; Kelly E. Hansen, BS; Judith A. Turner, PhD

# Cosa si può fare in azienda?

- Iniziative di promozione di stile di vita sano
- Stile di lavoro che riduca lo stress
- Cultura aziendale che rafforzi vincoli interpersonali
- Ergonomia nel posto di lavoro







Knowledge Alliance for Innovative Measures in Prevention of Work-Related Musculoskeletal Disorders.



AALBORG UNIVERSITY DENMARK



I.R.C.C.S. ISTITUTO ORTOPEDICO GALEAZZI

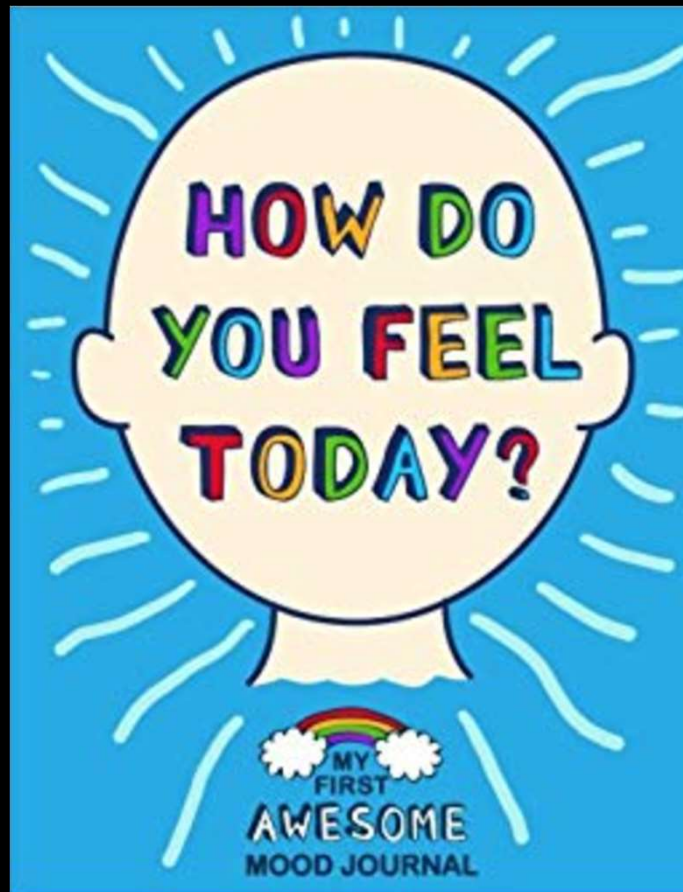
# Obiettivi- p4work.com



- Informazione verificata per tutti
- Corsi di formazione per professionisti
- Video educativi
- Questionario di autovalutazione
- App per la autoprevenzione
- Corsi per aziende

# Visitate [p4work.com](http://p4work.com)





# Take home

- Il dolore cronico è una esperienza fisica e psicosociale
- La prevenzione inizia da:
  - Stile di vita fisicamente sano
  - Stile di vita emozionalmente sano
- Lo stile aziendale può essere determinante