

# Comprehensive Patient History Key to Diagnosing Spondylosis



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Having lumbar spondylosis is akin to having gray hair: Nearly everyone develops the condition as they get older.

Lumbar spondylosis encompasses several criteria, including a bulging disc, a herniated disc, a bone spur (i.e., an osteophyte) and arthritis in the lower back.

“At some point or another, lumbar spondylosis becomes a normal part of aging. Although spondylosis may be asymptomatic, over 80% of the population will experience severe back pain at some point in their lives,” said Marc Arginteanu, MD, the chief of neurosurgery

at Englewood Health. “Some people deal with it when they are younger and some people deal with it when they are older.”

As people age, the spine (like other parts of the body) trades mobility for stability, according to Dr. Arginteanu, to protect the body against slowly accruing degenerative changes. “Your spine does not necessarily hurt more as it accrues these degenerative or spondylitic or spondylosis-type changes,” he said. “The spine

More worrisome are:

- weakness in a specific muscle group or multiple muscle groups;
- difficulty with walking (either pain-related or weakness-related);
- an acute change in the ability to control one’s bladder or bowel; and
- saddle anesthesia, which is a loss of feeling or hypoesthesia in the buttocks, inner thighs and perineum.

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simply accommodates in one way or another.”

The most important diagnostic tool for lumbar spondylosis is a comprehensive patient history. “Any good doctor will glean 90% of what they need from a patient just by talking with the patient and listening to what the patient says with an experienced ear,” Dr. Arginteanu said. “The remaining 10% is confirmation.”

Besides pain, patients with lumbar spondylosis often experience numbness or tingling.

Confirmation entails a physical (neurological) examination of the spine, which includes taking reflexes and gauging sensation strengths.

The most common diagnostic test is still an x-ray because it shows overall spinal alignment and whether a component is unstable. However, a CT scan is sometimes employed to better evaluate the bones. In addition, MRI is also occasionally used to enhance detection of the nerves or discs.



Figure 1. This patient underwent L4-5 fusion, decompression and instrumentation.



Figures 2 and 3. Image before (left) and after (right) of patient who underwent multilevel fusion, decompression and instrumentation.