GREENBERG SPINE
MINIMALLY INVASIVE SPINE SURGERY

UNDERSTAND THE CONDITION - KNOW THE NEXT STEP

Spondylolisthesis

Spondylolisthesis means that one vertebra has slipped forward on the one below it. The slip may cause back pain or narrow the space around nerves, leading to leg symptoms. Stable slips often receive non-surgical care; instability or nerve compression may change the discussion.

What you may feel

- Low-back pain that may worsen with standing, walking, or activity.
- Leg pain, heaviness, cramping, numbness, or weakness when nerves are crowded.

How it is evaluated

- Standing and flexion-extension X-rays show the slip and whether it moves with position.
- MRI evaluates the nerves, discs, and narrowing; CT may clarify bone anatomy when needed.

How treatment typically progresses

1 Treatment usually starts without surgery

- Physical therapy, core and hip strengthening, activity modification, and non-opioid medication may help stable slips.
- An epidural injection may be considered when leg symptoms come from nerve compression.

2 When surgery enters the discussion

- Persistent nerve compression or a slip that moves may lead to a surgical discussion when function remains limited despite appropriate non-surgical care.
- Decompression and stabilization are considered from the individual anatomy; the diagnosis alone does not establish a fusion plan.

Emergency: go now

- Seek emergency evaluation for new loss of bladder or bowel control, inability to urinate, saddle-region numbness, or rapidly worsening weakness in both legs.

Contact the office promptly

- Contact the office for new foot drop, quickly worsening leg weakness or numbness, fever with back pain, or rapidly declining function.

Reviewed by Marc Greenberg, MD
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greenbergspinemd.com/spondylolisthesis/

FOR THIS VISIT

Your plan today

Your care team has checked the items below that apply to you. Keep this with you and bring it to your next visit.

Medications started today
- ☐ muscle relaxant ☐ anti-inflammatory (ibuprofen/naproxen) ☐ acetaminophen (Tylenol)
- ☐ gabapentin / pregabalin ☐ steroid taper (Medrol) ☐ duloxetine ☐ other: _____

Imaging ordered
- ☐ MRI ☐ CT ☐ X-ray (flexion/extension) ☐ standing films ☐ CT myelogram
- → scheduling: ☐ you'll schedule ☐ our office / imaging center will call you

Other studies
- ☐ EMG / nerve conduction ☐ DEXA bone density ☐ vascular study (ABI) ☐ labs: _____

Physical therapy & activity
- ☐ PT - convenient location; order sent ahead ☐ home exercise program
- ☐ activity restrictions: _____ ☐ assistive device (cane/walker) ☐ TENS unit

Bracing
- ☐ none needed ☐ lumbar (LSO) ☐ cervical collar ☐ as directed: _____

Injection
- ☐ Ordered - referral to a pain-management specialist → ☐ they will call you ☐ you will call them

Surgery
- ☐ To be scheduled - our surgical scheduler will call you. If you haven't heard within 5 business days, call (260) 484-1400.

Before surgery clearance & prep
- clearance: ☐ primary care ☐ cardiology ☐ neurology ☐ pre-op labs ☐ smoking cessation
- ☐ stop blood thinners as directed

Referrals
- ☐ Bone Health Clinic (osteoporosis) ☐ weight / nutrition ☐ pain management (medication)
- ☐ other: _____

Work / activity status
- ☐ work / school note ☐ off work until _____ ☐ modified duty ☐ FMLA / disability forms

Follow-up
- in _____ weeks ☐ after your MRI / injection / EMG ☐ as needed

Notes & questions for your next visit

_____

_____

QUESTIONS OR NEW SYMPTOMS
Call us

Office · (260) 484-1400 · Scheduling · (260) 484-1400 · After hours · (260) 484-1400