

A GUIDE TO SPONDYLOLYSIS & SPONDYLOLISTHESIS

KAPI'OLANI ORTHOPAEDIC ASSOCIATES

Pediatric Orthopaedics

Spine Deformity

Sports & Dance Medicine

Young Adult Hip Preservation

1319 Punahou Street
Suite #630
Honolulu, Hawaii 96826
Phone: (808) 945-3766
FAX: (808) 942-9837
www.kapiolani.org

Robert C. Drukin, M.D.
Division Head
Pediatric Orthopaedics
Associate Clinical Professor
Department of Surgery, John A.
Burns School of Medicine,
University of Hawaii

William E. Burkhalter, M.D.
Pediatric Orthopaedic Surgeon
Assistant Clinical Professor
Department of Surgery, John A.
Burns School of Medicine,
University of Hawaii

Jennifer R. King, D.O.
Pediatric Sports Medicine
Assistant Clinical Professor
Department of Surgery, John A.
Burns School of Medicine,
University of Hawaii

What is Spondylolysis?

Your lower back is called your lumbar spine. It is made up of five bones called lumbar vertebrae. The vertebrae have two major parts, a solid part called the body and a bony ring through which the lower part of the spinal cord and nerves travel. Between the bodies of the vertebrae is a shock absorbing structure called the disc. Part of the ring of each vertebra, called the pars, touches the vertebra above it and the vertebrae below it.

Spondylolysis is a condition where there is a break in one or both sides of the ring of a vertebra. This condition is also called pars defect or pars stress fracture.

Spondylolisthesis is a condition in which a break in both sides of the ring allows the body of the vertebra to slip forward. Spondylolysis and spondylolisthesis most commonly occur at the fourth or fifth lumbar vertebrae

How does it occur?

Spondylolysis results from repetitive extension of the back (bending backward). This causes weakness in the rings of the lumbar vertebrae, eventually leading to a break (fracture) in a ring. Less commonly, these conditions may result from an injury to the back. Some doctors believe that certain people are born with weak vertebral rings.

Athletes most commonly troubled by spondylolysis or spondylolisthesis are gymnasts, dancers, and football players.

What are the symptoms?

You may have low back pain or spasms, or you may have no symptoms at all. You may have pain all the time or only from time to time. Spondylolysis or spondylolisthesis usually does not damage the nerves.

How is it diagnosed?

Your doctor will examine your back and look for tenderness along your vertebrae. He will order an x-ray, which will show a break in the ring of a vertebra or slippage of a vertebra. Your doctor may order a bone scan to look for a break that has just recently occurred.

How is it treated?

For periods of acute pain your doctor may prescribe anti-inflammatory medication or other pain medications. You should place ice packs on your back for 20 to 30 minutes every 3 to 4 hours for 2 to 3 days or until the pain goes away.

Your doctor may prescribe physical therapy to help address the pain and restore normal mobility in the back. Sometimes a brace is worn to rest the symptomatic spondylolysis.

If your doctor thinks the break is new and that the bones could heal, he or she may recommend wearing a brace for one to three months. Severe cases of spondylolisthesis may require surgery. Spondylolysis and spondylolisthesis are chronic problems. It is very important to keep your back in the best possible physical condition. Do not become overweight.

You can participate in your sport or activity as long as you do not have pain. You may need to change your sport or activity to one that does not involve hyper extending the back.

How can I prevent spondylolysis and spondylolisthesis?

You can not prevent these conditions. However, they may remain completely pain free with full mobility by having strong back and abdominal muscles and by avoiding being over-weight. By doing back exercises and by avoiding forced back extension activities, such as might occur during blocking in football, or back bends in gymnastics, most people remain pain free and are without restrictions.

It is important to have strong abdominal muscles when the structures of your spine are weakened. These exercises help build strong stomach muscles.

When can I return to my sport or activity?

The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon you may worsen your injury. Everyone recovers from injury at a different rate. Return to your sport will be determined by how soon your back recovers, not by how many days or weeks it have been since your injury occurred. In general, the longer you have symptoms before you start treatment, the longer it will take to get better.

It is important that you have fully recovered from your low back pain before you return to your sport or any strenuous activity. You must be able to have the same range of motion that you had before your injury. You must be able to run, jump and twist without pain.

Spondylolysis and Spondylolisthesis Rehabilitation Exercises

1. Pelvic tilt: Lying on your back with your knees bent and your feet flat on the floor, tighten your stomach muscles and push your lower back into the floor. Hold 5 seconds and relax. Repeat 10 times. Do 3 sets of 10.

As the pelvic tilt become easier, you can progress to an exercise called the dead bug.

2. Dead bug: Tighten your stomach muscles and press your lower back into the floor. With both hips flexed and knees bent, lift up one leg several inches off the floor, hold for 5 seconds, and then lower it. Lift the other leg off the floor, hold for 5 seconds, and then lower it. Alternate legs, doing 5 repetitions with each leg and then relaxing the pelvic tilt. Do 3 sets of 10.

3. Partial curl: Lie on your back on the floor or another firm surface. Clasp your hands behind your neck for support, keeping your elbows pointed out to the side. Look straight up at the ceiling and tighten your stomach muscles by doing a pelvic tilt. Lift your shoulders off the floor towards the ceiling. Make sure to keep your elbows pointed out to the side and don't use your arms to lift your upper body off the floor. Hold for 3 seconds and then slowly lower your shoulders to the floor. Repeat 10 times. Do 3 sets of 10.

4. All-fours-to-heels-sit: Kneel on the floor on all fours. Your palms should be flat on the floor in front of you and your back should be kept flat. Shift your weight backward and try to sit on your heels. Be sure to keep your back flat. Hold this position for 6 seconds. Return to the starting position. Do this 10 times.

5. Prone hip rotation: Lie on your stomach on the floor. Bend your knees so your thighs stay on the floor and your lower legs are perpendicular to the floor. Keep your knees on the floor and shoulder width apart. Cross your legs over each other as far as you can. Keeping your knees on the floor, uncross your lower legs and move them as far apart as possible. Hold for 2 seconds. Repeat 10 to 20 times. When you can do this exercise easily, add ankle weights.