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A “Herniated Disc” by Any Other Name...Might Not Get Appropriate Treatment

Major Specialty Medical Societies Unite to Offer Open Access to Universal Spine Terminology

(Burr Ridge, IL)—From the radiologist to the spine specialist to the internal medicine physician, common spine conditions need universally-accepted definitions, say the authors of a new, open-access consensus document defining that consistent shared language.


“While the past thirteen years have brought a deeper evidence-based understanding of how to diagnose and treat spine disorders, that information can be ineffective until all spine and radiology professionals are speaking the same language,” said The Spine Journal Editor in Chief Eugene J. Carragee, MD of the Stanford University School of Medicine, Redwood City, CA. “By undertaking this arduous process and creating this universal language, these dedicated spine and radiology professionals will help millions of patients worldwide get appropriate and timely treatment.”

The revised document represents the recommendations of combined task forces of three major specialty societies: the North American Spine Society (NASS), American Society of Spine Radiology (ASSR) and the American Society of Neuroradiology (ASNR).

The authors of "Lumbar Disc Nomenclature Version 2.0" are:

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“While the primary focus of this document is to promote clear and consistent communication between clinicians and radiologists, it also has important implications for patients, family members, employers, insurers, researchers and others,” said lead author David F. Fardon, MD of Rush University Medical Center in Chicago and former NASS President. “When patients and their families understand and have confidence in a universally-recognized diagnosis, including the medical terminology, they are able to actively participate in treatment decisions.”

To create this revised edition, the authors performed a PubMed search for all literature pertaining to the lumbar disc. The task force members individually and collectively reviewed the literature and revised and updated the original 2001 document. The revised document was then submitted for review to the governing boards of the ASSR, ASNR and NASS. After further revision based on the feedback from the governing boards, the paper was approved for publication by the three societies, as representative of the consensus recommendations of the societies.

The new document offers detailed discussions of the imaging diagnostic categories and subcategories and their implications for diagnosing lumbar disc disease. It also includes an extensive glossary for easy reference of various terms and definitions used in discussing lumbar disc disease, along with updated illustrations and references. Literature references that provided the basis for the task force recommendations are included. While "Version 2.0" follows the categories of the original nomenclature paper, it includes many changes reflecting the most current thinking in research and clinical care.

“For example, the term ‘annular fissure’ replaces the term ‘annular tear,’ reflecting the common, age-related presence of a linear opening in the outer part of the disc, without assuming that the abnormality is the result of an injury,” said paper co-author Edward Dohring, MD of the Spine Institute of Arizona and current member of the NASS Board of Directors.

The Spine Journal is an international, multidisciplinary journal that publishes original, peer-reviewed articles on research and treatment related to the spine and spine care, including basic science and clinical investigations. The Spine Journal is the highest impact and largest circulation peer-reviewed spine journal in the world. Published online continuously and printed monthly by Elsevier, Inc., The Spine Journal is the scientific publication of the North American Spine Society (NASS). NASS adheres to a policy of editorial independence for the journal’s editorial board, which follows guidelines of the International Committee of Medical Journal Editors, Committee on Publication Ethics and other best editorial practices.

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