

Significance of Contribution

What Do We Stand For?

The difference one person can make

The Battles

- Vertebroplasty
- LCDs for Epidural Steroid Injections and Facet Joint Interventions
- Posterior Sacroiliac Joint Fusion

ORIGINAL ARTICLE

A Randomized Trial of Vertebroplasty for Osteoporotic Spinal Fractures

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ABSTRACT

BACKGROUND

Vertebroplasty is commonly used to treat painful, osteoporotic vertebral compression fractures.

METHODS

In this multicenter trial, we randomly assigned 131 patients who had one to three painful osteoporotic vertebral compression fractures to undergo either vertebroplasty or a simulated procedure without cement (control group). The primary outcomes were scores on the modified Roland-Morris Disability Questionnaire (RDQ) (on a scale of 0 to 23, with higher scores indicating greater disability) and patients' ratings of average pain intensity during the preceding 24 hours at 1 month (on a scale of 0 to 10, with higher scores indicating more severe pain). Patients were allowed to cross over to the other study group after 1 month.

RESULTS

All patients underwent the assigned intervention (68 vertebroplasties and 63 simulated procedures). The baseline characteristics were similar in the two groups. At 1 month, there was no significant difference between the vertebroplasty group and the control group in either the RDQ score (difference, 0.7; 95% confidence interval [CI], -1.3 to 2.8; $P=0.49$) or the pain rating (difference, 0.7; 95% CI, -0.3 to 1.7; $P=0.19$). Both groups had immediate improvement in disability and pain scores after the intervention. Although the two groups did not differ significantly on any secondary outcome measure at 1 month, there was a trend toward a higher rate of clinically meaningful improvement in pain (a 30% decrease from baseline) in the vertebroplasty group (64% vs. 48%, $P=0.06$). At 3 months, there was a higher crossover rate in the control group than in the vertebroplasty group (51% vs. 13%, $P<0.001$). There was one serious adverse event in each group.

CONCLUSIONS

Improvements in pain and pain-related disability associated with osteoporotic compression fractures in patients treated with vertebroplasty were similar to the improvements in a control group. (ClinicalTrials.gov number, NCT00068822.)

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But I don't do those procedures.

HLS 22RS-1924

ORIGINAL

2022 Regular Session

HOUSE BILL NO. 941

BY REPRESENTATIVE ILLG

PHYSICIANS: Provides requirements and limitations relative to certain procedures performed on the spine

The Bill.... The Problem

1 AN ACT
2 To enact R.S. 37:1274.2, relative to the practice of medicine; to establish requirements and
3 limitations with respect to certain procedures performed on the spine; and to provide
4 for related matters.
5 Be it enacted by the Legislature of Louisiana:
6 Section 1. R.S. 37:1274.2 is hereby enacted to read as follows:
7 §1274.2. Performing of certain procedures on the spine; requirements and
8 limitations
9 A. No physician shall perform a decompression, fusion, or instrumentation
10 procedure on the lumbar, thoracic, or cervical spine unless he has completed a
11 residency in orthopedic surgery or neurosurgery.
12 B. No physician shall bill for a decompression, fusion, or instrumentation
13 procedure on the lumbar, thoracic, or cervical spine unless he is credentialed as an
14 orthopedic surgeon or neurosurgeon at the facility at which he performs the
15 procedure.

HLS 22RS-1924

ORIGINAL
HB NO. 941

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 941 Original

2022 Regular Session

Illg

Abstract: Establishes requirements for and limitations relating to physicians performing certain procedures on the spine.

Proposed law prohibits physicians from doing any of the following:

- (1) Performing a decompression, fusion, or instrumentation procedure on the lumbar, thoracic, or cervical spine unless they have completed a residency in orthopedic surgery or neurosurgery.
- (2) Bill for a decompression, fusion, or instrumentation procedure on the lumbar, thoracic, or cervical spine unless they are credentialed as an orthopedic surgeon or neurosurgeon at the facility at which the procedure is performed.

(Adds R.S. 37:1274.2)

● Only on hold while they
fortify their position.....

But I don't live in Louisiana.

First they came for the Socialists, and I did not speak out—
Because I was not a Socialist.

Then they came for the Trade Unionists, and I did not speak out—
Because I was not a Trade Unionist.

Then they came for the Jews, and I did not speak out—
Because I was not a Jew.

Then they came for me—and there was no one left to speak for me.

— **Martin Niemöller**



The author was a Lutheran pastor and theologian born in Germany in 1892. This quotation and many variations of it appeared in his public addresses in the 1930's, and in the 50's people began to line it out as poetry, which further boosted its popularity.

The Battle..

Who is the opposition?

- **Six Substantial Opponents**
 - **The Government**
 - Our Legislators
 - **CMS & Other Third-Party Payers**
 - **Big Pharma**
 - **Other Specialties**
 - Orthopedic Surgery
 - Neurosurgery
 - **The enemy within**
- **The complacency in ourselves**

The Allies

- Our Legislators
- Our Lobbyists
- Our Industrial Partners

● ASIPP

● You

● Use your voice

- Make phone calls to your representatives
- Tell other non-ASIPP physicians about the value of ASIPP membership
- Tell your patients to join the fight and write letters
- Come to Washington DC and Speak out

● Use your pen

- Write letters
- Sign letters
- Fill out surveys
- Take the ABIPP examination

● Financially Support ASIPP

- Become a member
- Pay your dues
- Donate: One time, Monthly



One person truly can make a
difference.
That person can be you.

Avenue of the righteous among nations
Yad Vashem, Israel