

Spinal Compression Fractures

A Painful Condition Often Associated with Osteoporosis

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Condition Sheet



Spinal compression fractures (SCF) become more prevalent with age, particularly for women. An estimated 25 to 30 percent of women over age 50 experience SCF, yet many mistakenly attribute the symptoms to arthritis. As a result, the condition often goes untreated, eventually impacting quality of life. Pain from untreated SCF can lead to unremitting back and hip pain. With precision diagnostics and very effective non-surgical treatments, our network of pain management centers can help resolve the painful health issues of SCF and prevent the effects of future fractures.

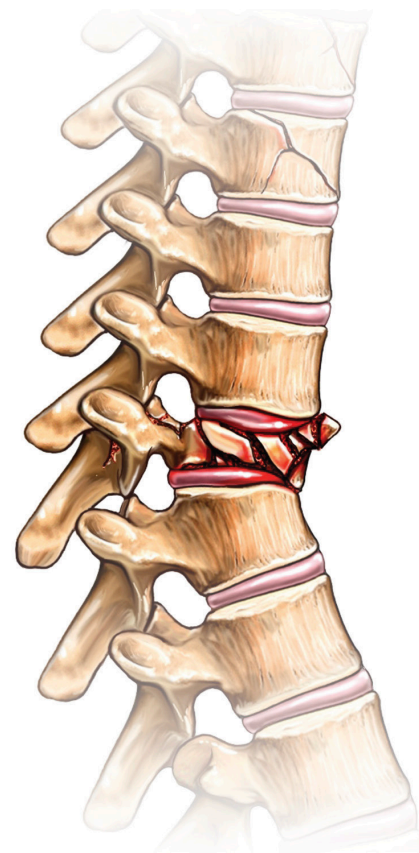
Understanding spinal compression fractures

The spine is formed by a bony, weight-bearing column of vertebrae. When young and healthy, these bones can withstand significant amounts of pressure, but aging bones lose density, gradually becoming more brittle and susceptible to fracture. Spinal compression fractures occur when the bone structure becomes so weak the vertebra virtually collapses on itself, creating a wedge-like shape. When fractures occur in multiple vertebrae, the entire spinal column may shorten and curve, forming a stooped posture. As the spine becomes more compressed, lung capacity decreases, the abdomen may distend, and the rib cage puts pressure on the hips.

Why spinal compression fractures occur

The most common cause of SCF is osteoporosis, a condition that results from the significant loss of bone mass due to aging. Although osteoporosis develops quietly, with few or no symptoms, it is easily detected through screenings and successfully treated with diet, exercise, and medications. Untreated, osteoporosis becomes a primary factor in SCF, weakening bones until simple actions such as lifting a bag of groceries or missing a step may cause a compression fracture. With severe osteoporosis, even coughing or sneezing may result in fractures.

Consequently, SCF shares many of the same risk factors as osteoporosis. Both are more



common in women, Caucasians and Asians, and people with a family history of the condition. Other contributing factors may include hormone deficiency, smoking tobacco, excessive alcohol use, a lack of weight-bearing exercise, a diet deficient in calcium and vitamin D, and blunt trauma.

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The symptoms of spinal compression fractures

Symptoms of SCF can vary widely. There may be no pain initially, or there may be a sudden onset of severe back pain. There may be a slow progression of dull, achy back pain or pain that travels around the rib cage or down an arm or leg. Other symptoms may include worsening pain when standing, walking, bending, or twisting. Eventually, as the number of fractures increases over time, symptoms include a loss of height, a forward curvature of the spine, and a declining ability to function.

The importance of accurate diagnosis

SCF can be difficult to diagnose because the symptoms often

mimic other common conditions such as arthritis, facet syndrome*, or degenerative disc disease. Our network of board-certified physicians accurately detects SCF with a multifaceted approach and precision diagnostics. Blood tests, urine screenings dual-energy x-ray absorptiometry (DXA) scans, and bone mineral density (BMD) testing help evaluate for the presence of osteoporosis. Imaging studies such as x-rays, MRI, and CT scans assess the acuity and extent of compression fractures.

Effective pain relief without surgery

When spinal compression fractures occur, today's advanced technology makes it possible to treat the conditions very effectively. Vertebroplasty* is

a procedure that relieves the pain of weakened vertebrae by injecting a cement-like substance directly into the fractured bone. Performed safely in an outpatient setting, this procedure has proven to be highly successful, providing substantial, often immediate, pain relief.

SCF can potentially be prevented by detecting, treating, and monitoring osteoporosis. Talk to a physician about your risk factors and personalized prevention strategies.

**For more details, ask for an information sheet specific to this condition or procedure.*

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