Fond Memories of Herb Homer

by Patty Gregory

I can still recall the Autumn of 1989 when Herb Homer joined the National Scoliosis Foundation board of directors. His professionalism, friendly smile and genuine concern for humanity made him a delight to work with. I came to know him as a friend who was compassionate and giving, never seeking to call attention to his many contributions. His keen sense of organization and attention to detail were brought to bear on all that he did. Herb especially enjoyed being in charge of the finances for our many fundraisers.

Herb was an example of the spirit of volunteerism to all of us.

In addition to his work with the NSF, he was active in the Jaycees, the Special Olympics, community service, and his church. Above all, he was devoted to his wife Karen and their extended family.

Herb Homer died aboard hijacked United Airlines flight 175 on September 11, 2001. His passing leaves a void in the lives of the many people who knew him but it cannot diminish our fond memories of him.

Robert L. Stevenson once said, “That man is a success who has lived well, laughed often, and loved much; who has gained the respect of intelligent men and the love of children, who has filled his niche and accomplished his task, who leaves the world better than he found it; who never lacked appreciation of earth’s beauty or failed to express it; who looked for the best in others and gave the best he had.”

Such a man was Herb Homer.

Memorial: The Spinal Connection

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Improved Chest Expansion in Idiopathic Scoliosis After Intensive, Multiple-Modality, Nonsurgical Treatment in an Adult

Martha C. Hawes, PhD and Williams J. Brooks, DO

Introduction

The most serious complication of thoracic scoliosis, compromised cardiopulmonary function due to reduced chest wall expansion, can be fatal when curvatures are severe and is present even in mild idiopathic scoliosis (IS).1 2 Chest expansion increases of > 1 cm, and improved vital capacity (VC), have been achieved in children and young adults with IS during a 6-week hospitalization regime using physical therapies.3 Traction was used to achieve improved pulmonary function in a middle aged patient with severe scoliosis due to infantile poliomyelitis.4 In the current study, the use of physical methods including comprehensive manipulative medicine (CMM) and daily manual traction was correlated with a progressive increase in chest expansion, a stable improvement in torso morphology, and a reduced incidence of respiratory infections.

Case Report

The patient was a 48-year-old woman in whom a prominent rib hump, scapular and torso asymmetry, thoracic lordosis, and forward rotation of the right shoulder were detected at age 11 years. Radiographic analysis revealed a right thoracic curvature of 43° with lesser curvatures in the cervical and lumbar spine. Pectus excavatum and mitral valve prolapse also were present. An orthopedic surgeon recommended spinal fusion, which was declined. Daily torso strengthening and conditioning exercises were carried out from January 1992 through February 1992.

Hypothyroidism was diagnosed in 1971 and was treated with thyroid extract (3 grains daily). The patient described a chronic susceptibility, from infancy through April 1992 to upper and lower respiratory tract infections, averaging four or more a year, each lasting up to 6 weeks.

Methods and Results

In February 1992, the patient suffered psychological decomposition with emergent incapacitating multiregional physical pain and began outpatient psychological therapy (therapists Diane Breier, MSW; and Nancy Skey, MSW; Tucson, AZ), which continued through September 1994. No psychopharmacologic or analgesic medications were employed. All strengthening and conditioning exercises were discontinued in February 1992. In April 1992 a spontaneous reduction in the forward rotation of the right shoulder occurred (not shown). From January 1993, one of the authors (WJB) provided instruction, support, and evaluation of posture and movement. Sustained pressure applied directly to muscle spasms or manual traction to stretch the torso, was used by the patient to relieve pain as needed (4 h daily through 1997). These methods were supplemented with massage therapy monthly in 1993 and 1994. CMM was performed by one of the authors.

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By Joseph P. O’Brein

The National Scoliosis Foundation (NSF) strives to provide objective, up to date, valid information to the scoliosis community. Today’s health care environment necessitates more informed patient participation, and scoliosis is certainly no different. A great deal of patient decision-making, especially in light of the many uncertainties, needs to be directed. Your health care team will do all they can to provide the necessary medical care, but it is ultimately your responsibility to be responsible for much of the day-to-day routine.

First, you must clearly understand what your needs are. Personal needs can range from a balance between getting proper rest and physical exercise to taking medications and reducing stress. While managing illness and pain are complex issues, the majority of the key components are simply common sense and good living skills. Things such as good nutrition, open communication with family, asserting yourself so that your needs are met, and finding a balance between activity and rest are all key components in successfully managing pain.

It is important to recognize your limitations to prevent becoming overly tired or risking increasing pain levels. Staying within your limits can enhance your ability to clearly and concen- trate on important tasks. Understanding personal needs will provide a means to develop a workable plan so that you can incorporate important tasks into your daily routine.

Journaling is an excellent way to ensure necessary tasks are completed while bringing you one step closer to independence. Balancing daily activities with necessary rest periods is easier when you have a written overview of your endurance with everyday tasks.

Your journal can also provide you with insight into daily stressors.

Reducing stress is vital in the fight against pain. Muscles that are already painful will experience increased pain as your stress levels increase and your muscles tighten. Recognizing and under- standing feelings are another important component to successful pain manage- ment. When you ignore feelings, they do not go away, but can show up as increased tension, feeling out-of-sorts, or even anger. Dealing with feelings as they occur can greatly reduce both stress levels and pain. Your journal, with its daily entries, can become your personal day planner and journal. An entry can be noted in the letters of the word PACE.

P is for prioritizing your tasks to ensure that the most important ones are done.
A is for planning your actions to ensure the best use of your time.
C is to remind you that your physi- cal comfort is important. If a task creates increased pain, then perhaps you need to ask for help.
E is for energy. Energy levels are never the same from day to day. You need to consider how much energy you have at the beginning of each day to ensure you are working and playing within your ability.

By combining PACE—priorities, action, comfort and energy— with your personal commitment to a near-normal life, you can begin to feel like a person rather than a patient.

Penney Cowan is the founder and executive director of the American Chronic Pain Association.
Nearly a decade has passed since the minimally-invasive approach known as endoscopy was first used in the treatment of scoliosis. To find out more about how well the technique is faring today, we recently interviewed Peter O. Newton, M.D., a scoliosis specialist at Children's Hospital and Health Center, and Assistant Clinical Professor of (Orthopedic Surgery) at the University of California, San Diego. What follows are excerpts from that interview.

Q: Dr. Newton, would you start by describing this technology?
A: An endoscope is an instrument that helps a surgeon visualize some thing from within. It has a video camera attached to it, so that when it is inserted into a cavity, we can see on a video screen what is inside the cavity. Surgeons use an arthroscope to look inside the body at joints, a thoroscope to see inside the chest, or a laproscope to view the interior of the belly. In the case of spine surgery, we are using this technology to help us see and operate on sections of the spine.

Q: For what purposes does a scoliosis surgeon use an endoscope?
A: We use it in two ways: (1) anteriorly (from the front) to remove discs to release the spine and make it more flexible, or to fuse certain anterior sections of the spine and/or (posteriorly (from the back) to insert instrumentation to fuse certain posterior sections of the spine.

Q: Which curves respond well to the endoscopic approach?
A: Curves in the 70-80 degree range respond well to the technique. Curves of 40-60 degrees would be the upper practical limit. With curves beyond 80 degrees, we would do an endoscopic release anteriorly followed by a traditional posterior approach to insert instrumentation.

Q: How many segments of the spine can you operate on endoscopically?
A: It can vary from two or three to as many as ten or twelve.

Q: What about discomfort?
A: Obviously, scarring is minimal because we are entering the body through several small port holes rather than through one longer incision.

Q: What about complications from collapsing the lung?
A: The so-called "collapsing" of lungs is quite straightforward and is rarely a problem. The lung is in many ways like a balloon—it inflates when you take a breath in and deflates when you breathe out. So we just arrest the lung in a state of blowing out so it gets smaller and doesn't get in the way of our instruments. When we're done, we blow it back up or re-inflate it. At present, our study shows that pulmonary function returns more quickly with an endoscopic approach in the chest area vs the open anterior approach.

Q: What about the risk of infection?
A: The risk of infection is exceedingly rare for either approach—about 1 percent or less.

Q: What about a cost comparison between endoscopic and traditional surgery for scoliosis?
A: The total cost of surgery—surgeon's fees and hospital stay and equipment—is just about the same. While you may get out of the hospital sooner with endoscopy, you may have more expenses during surgery because endoscopic equipment is more sophisticated.

Q: How should patients choose a doctor to perform endoscopic surgery?
A: Most important, they need to find out exactly what experience their surgeon has in endoscopic surgery of the spine. Make sure the surgeon has at least watched someone do it, and taken a course with hands-on experience in the technique. Although there are no "certification" requirements for endoscopic surgery, most hospitals have some sort of credentialing requirement for performing the tech nique, so check with the hospital about your surgeon's credentials.

Q: What's on the horizon for endoscopic surgery?
A: Over time, the equipment will become easier to use, and the video technology and image guidance will become more sophisticated. I'm sure we'll continue to make advances in the types of curves that can be treated—one day we may be able to do bigger curves, and eventually we may be able to address curves that cross below the lumbar spine.

For a complete listing of NSF resources, visit www.scoliosis.org or call 800-673-6922.
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5 Cabot Place
Toutonight, MA 02072
781-541-6333 FAX 781-541-8353
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Editorial Staff:
Patty Gregory, Editor
Joe O’Brien, Caps Editor
Linda Goodwin, Graphic Design

Contributing Writers:
Penny Cowan
Martha C. Hawes, PhD
Patricia Gregory
Maura Matlak
Joe O’Brien
Nancy Schumock

Come Chat with Us

By: Maura Matlak

I remember my first date perfectly – an April Friday evening, eating ice cream with Edward, the intelligent and cute boy from my senior English class. We were 14. He had called on Wednesday to ask me to go and it took me up until Friday afternoon to say yes. Actually, my mother was the one who finally convinced me to accept. Edward’s invitation – ‘He’s a nice boy, Maura! Just go,’ she persuaded me over and over until I called him, hands shaking.

So there we were, eating our ice cream outdoors, catching it before it melted and dripped off the cones. We talked about school, our teacher’s ridiculously hard homework assignments, my mother’s hockey team, my sisters, and our summer vacations coming up. At the end of the date, Edward tried to give me a half-hug and that’s when my worst fear came true – his arm hit my back brace and made a knocking thud against my back.

Edward pulled his arm quickly and, surprisingly, asked, ‘What’s wrong with your back?’ Edward had heard my brace was from scoliosis. Being a 14-year-old girl, I had no idea what to say, I was embarrassed and didn’t want to tell him. We went home, feeling embarrassed and not wanting to see him at school the next week.

I’m sure that everyone who wears a back brace or has had spinal surgery has heard some form of the question, “What’s wrong with your back?” During gym class, at school, at home, or any activity, I’ve been asked this question. I’ve been embarrassed. I’ve had my back brace hit my friends or other kids with scoliosis in the world, and we are extremely grateful to everyone who helped to make it possible.

But our work is far from over. Throughout the history of scoliosis an insufficient level of knowledge has caused a never-ending suspicion that the treatment is worse than the condition. This nagging doubt creates confusion and anxiety for most patients, and continues to be a barrier against scoliosis. We must continue to call for research time and money to be allocated towards finding a cure.

NSF Marks 25th Anniversary

By Joseph P. O’Brien

In the past twenty-five years the world of scoliosis saw some tremendous innovations, such as the Scoliometer, the Boston brace, CD Instrumentation, Cages, Pedicle Screws, PCA pumps, and Endoscopic surgery. During this time, the National Scoliosis Foundation, (NSF) also achieved some fundamental patient care goals. We helped and referred over 75,000 patients in more than 50 countries, and provided information to more than 80,000 health care providers. We helped to establish, develop, or assist most of the school screening programs in the U.S., and trained more than 2,000 school nurses and physical education teachers in postural education. We helped to train more than 1,000 patient support meetings and spine conferences throughout the country, and championed the campaign to find the cause, prevention, and cure of scoliosis, providing $60,000 in etiology research funding, and eliciting 200 families to participate in a landmark genetic study at Johns Hopkins University. In addition, we constantly communicated to the scoliosis community by distributing more than 1/2 million Spinal Connection newsletters, free of charge. And, we made millions of people aware about scoliosis through countless newspaper and magazine articles, radio & TV spots, and written and video educational materials.

In summary, NSF’s volunteers, donors, and members have made a vast amount of their time, talents, and resources over the last quarter of a century, to answer the initial plea from Dr. Riserborough to let the world know about scoliosis, and the importance of early detection and treatment. The hallmark of our foundation, school screening, resulted in the identification of hundreds of thousands of children with scoliosis, which allowed them to gain the benefits of early detection, and provided invaluable information to the medical community about the prevalence and natural history of this condition. NSF has truly made a difference in the world, and we are extremely grateful to everyone who helped to make it possible.

But our work is far from over. Throughout the history of scoliosis an insufficient level of knowledge has caused a never-ending suspicion that the treatment is worse than the condition. This nagging doubt creates confusion and anxiety for most patients, and continues to be a barrier against scoliosis. We must continue to call for research time and money to be allocated towards finding a cure.

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other kids with scoliosis in the school...the list went on and on. During my sophomore year in college, I became involved with an organization called the National Scoliosis America, a unique schol- arship pageant system that gives young women an opportunity to give back to their communities while earning schol- arship money for school. I won the title of Miss Commonwealth 1999 and was a finalist at Miss Massachusetts 1999, dedicating my year of service, or ‘platform issue,’ to Scoliosis Awareness. My main focus has been, and continues to be, a commitment to kids and teenagers diagnosed with sgo- liosis.