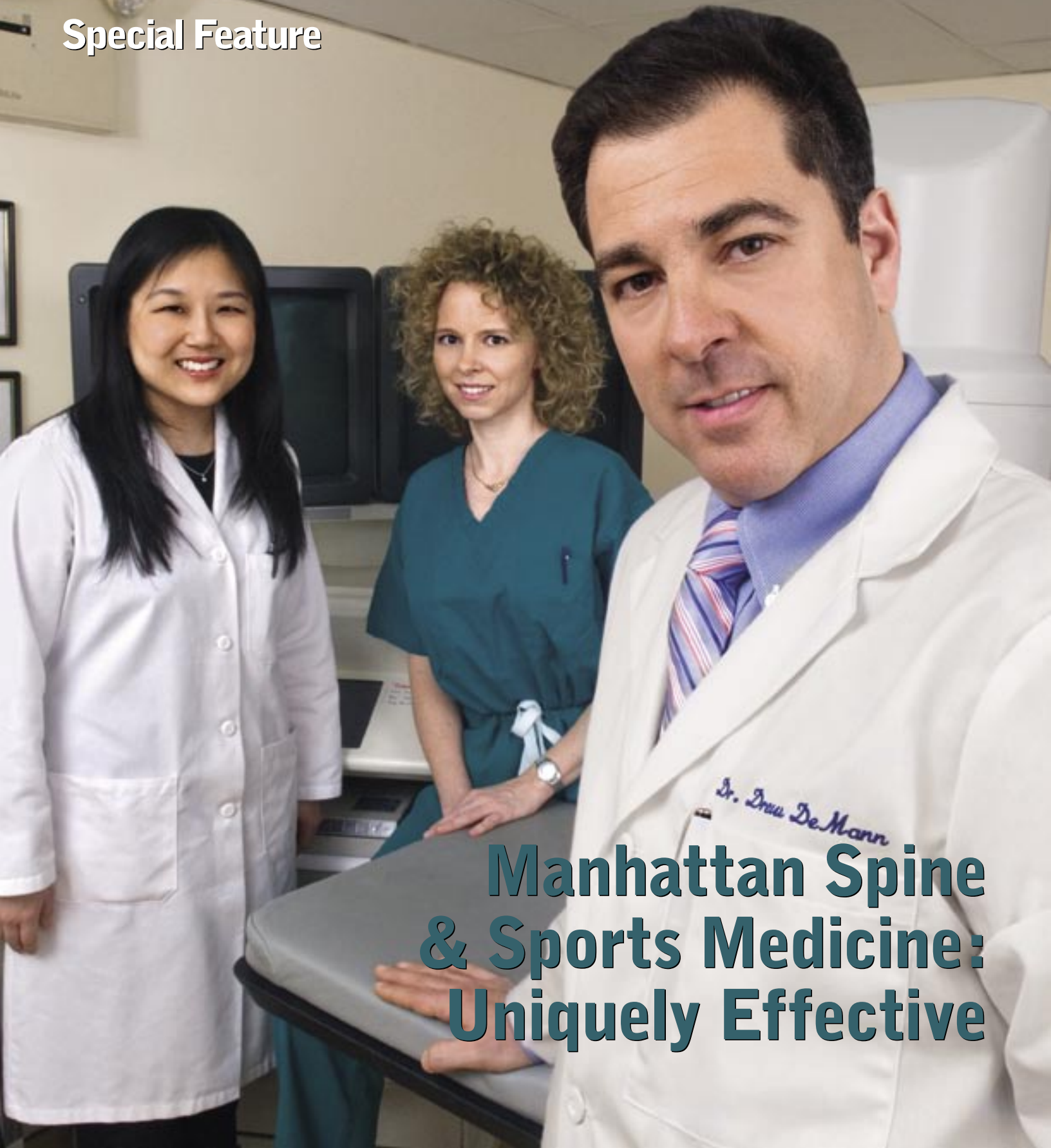


New York Edition

# M.D. NEWS

Special Feature



**Manhattan Spine  
& Sports Medicine:  
Uniquely Effective**

# Manhattan Spine & Sports Medicine: Uniquely Effective

By Travis Anderson

Manhattan Spine & Sports Medicine, a multispecialty practice helping people who have severe and chronic back pain, is as effective as it is unique. The clinic, founded 37 years ago, is the largest of its kind in Manhattan.

Specialists at Manhattan Spine & Sports Medicine care for athletes, celebrities and high-ranking government officials, as well as thousands of everyday people seeking relief from back pain. “Some people are referred to us by other practitioners who have tried without success to help them,” says Drew DeMann, D.C., M.A., CCSP, who owns the center. “Others have consulted with surgeons — maybe they’ve even had a surgery or two — or have been in conservative management programs, such as physical therapy and chiropractic, without achieving progress. They come to us because they are failing and need help.”

Many patients come for treatment of intractable back pain, or seek relief from myofascial complications, chronic overuse injury and failed back syndrome; others need cervical or lumbar injections. Patients often have complex problems, however, that go beyond simple back pain. Some are dependent on pain medication, while others have

psychosocial issues. The team at Manhattan Spine & Sports Medicine works diligently to peel away these complicated layers.

Because of past failure, many people who seek help from the practice aren’t optimistic about their chances of recovery. “There’s an inherent resignation to pain,” DeMann says. “After six months of pain, people don’t believe they can get better. Our goal is to get patients in and out of our spine care program within two months. We don’t want to turn people into permanent patients. We want them pain free in 60 days or less.”

## UNIQUE, MULTIDISCIPLINARY APPROACH

More than 80% of Manhattan Spine & Sports Medicine patients are pain free and back to their normal activities within two months. This striking success is a product of the practice’s multidisciplinary approach to patient care. Its specialists are trained in alternative medicine, chiropractic, internal medicine, orthopedic surgery, physical medicine and rehabilitation, physical therapy and a new classification of treatment called spinal decompression. The practice boasts a unique, highly quali-

**Manhattan Spine & Sports Medicine offers a multispecialty team approach to spine care. Drew DeMann, D.C., M.A., CCSP, Program Director, along with Sylvia Hesse, M.D. (orthopedic surgeon) and Pearl Kim, M.D. (physiatry) in an interventional pain management suite where fluoroscopically guided procedures such as facet blocks and SI joint injections are performed.**





**Sylvia Hesse M.D., orthopedic surgeon, assists a patient with computerized balance training as part of a larger program of spinal rehabilitation.**

fied team offering multiple specialties. For instance, Richard Sollazzo, M.D., a staff internist, is board certified in geriatrics, oncology, pain management and sports medicine. In addition, the practice is home to Sylvia Hesse, M.D., an orthopedic surgeon who provides non-surgical orthopedic management and orthopedic rehabilitation. The staff also includes Pearl Kim, M.D., a physiatrist who oversees trigger-point injections and pain management.

Specialists spend at least an hour evaluating new patients to create a comprehensive treatment plan. “When someone has back pain, they usually see a sole practitioner trained in a single specialty,” says DeMann, who has a doctorate degree in chiropractic, master’s degree in orthopedics and postgraduate degree in sports medicine. “A person who sees a chiropractor has a high probability of receiving a manipulative option, while someone who sees a surgeon often receives a surgical option. We believe surgeons should be the tertiary referral, not the secondary referral. If all else fails, we may refer for surgery. Surgeons view people as a surgical candidate until proven otherwise. We consider a patient to be a *nonsurgical* candidate until proven otherwise.”

To that end, Manhattan Spine & Sports Medicine offers potent combinations of therapies and treatments to help their patients. In doing so, they remove any bias toward a particular method of healing. “The medication we give to a patient might have a certain efficacy when used independently,” DeMann says. “When that medication is combined with physical therapy, spinal decompression therapy and a pain management injection, the patient often experiences a better outcome. If we combine epidural injections, which can give patients temporary relief from discomfort, with a rehabilitation program to get them fit again, they can achieve great results. Without the epidural, they might not get those results because they are unable to get through the treatment program due to pain.”

At Manhattan Spine & Sports Medicine, named one of the top 10 spine clinics in the tri-cities area, specialists do have one bias they use as part of their everyday practice. “That bias is toward nonsurgical care with a goal to keep patients out of the surgical realm,” says DeMann, a member of both the American Chiropractic Association and the American Board of Chiropractic Sports Physicians. “We have a low surgical referral rate because we aggressively help people recover without tilting the scale toward surgery.” Only 3% of the practice’s patients are referred for surgery. Even so, “The surgeons like us because they know we do a thorough screening and only send them *bona fide* surgical candidates,” DeMann says. “If a referral is made by a clinic such as ours, which focuses on nonsurgical options, that gives the patient a high degree of confidence.”

As part of a comprehensive treatment program, procedures such as trigger-point injections are offered on site, while more complicated procedures are provided in a nearby, private ambulatory surgi-center, which is staffed by anesthesiology and pain management physicians. “We use fluoroscopically guided injections, which allow us to accurately administer small amounts of anti-inflammatory medicine to compromised areas,” DeMann says. “Unlike oral drugs, which go through the entire body system, these injections target specific tissue. When the patient is benefiting from that medicine, we can get him or her into an orthopedic rehabilitation or spinal decompression therapy program they otherwise wouldn’t be able to tolerate. These guided injections are phenomenal. They add another dimension to what we can do to keep people out of the surgical realm.”

People who suffer from chronic back pain often are in poor physical condition, and the specialists at Manhattan Spine & Sports Medicine recognize this. “After they are pain free, the physical therapy work begins,” says DeMann, who studied for several years as a clinical researcher in orthopedic rehabilitation. “We start with

## Assessing Each Patient Individually

Specialists at Manhattan Spine & Sports Medicine create individual physical profiles of each patient to guide them toward recovery. Patients receive a physical performance assessment based on computerized testing of muscular strength and range of motion. In addition, patients complete outcomes-assessment questionnaires that determine which everyday activities they have trouble with, such as standing for a length of time or dressing independently. Specialists compare the results to the patient's performance on physical assessments and create an action plan designed specifically for their needs.

The assessment questionnaire is a universally recognized assessment tool that can be scored and rescored. "We reassess each patient every two weeks or 10 treatments," says Drew DeMann, D.C., M.A., CCSP. "Many patients don't remember what they told us several weeks ago, which is one reason these assessments are so reliable. We say, 'Mrs. Jones, I see from your new questionnaire that you're able to stand for an hour or more. When we first met, you couldn't stand for more than 10 minutes.' It's a fantastic tool because it removes the examiner's bias. I'm not saying 'You're doing better.' The patient is telling me he is doing better."

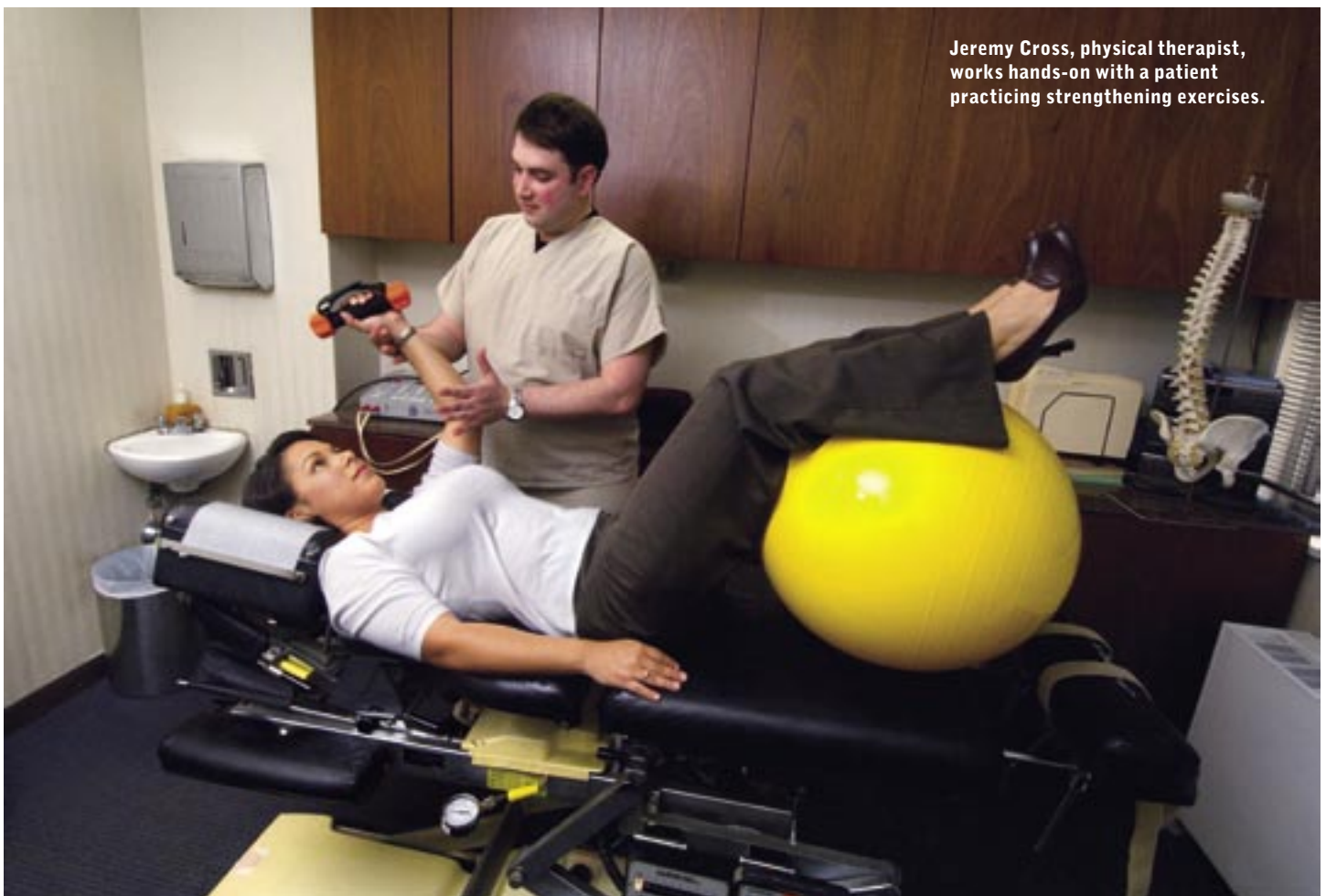
an aggressive active rehabilitation therapy program. We also offer orthopedic rehabilitation that is overseen by a trained orthopedist. Staff members supervise patients until they are able to perform the exercises on their own at home. Orthopedic rehabilitation is a fabulous luxury here."



Manhattan Spine & Sports Medicine's front office reception area and waiting room.

## 'INCREDIBLE' VAX-D

Manhattan Spine & Sports Medicine offers a sought-after form of spinal decompression therapy called VAX-D. "The technology is incredible. It's considered the gold standard within the industry," says DeMann, who bought the first VAX-D table in Manhattan. "Using this technology and our other treatments, eight out of 10 patients are materially better within as little as one month. They



Jeremy Cross, physical therapist, works hands-on with a patient practicing strengthening exercises.



PHOTO BY GEOFF TESCH/FOTOFARM DIGITAL IMAGING

**Pearl Kim, M.D., uses an electromyography (EMG) and nerve conduction study (NCV) to evaluate patients with spinal nerve root compression and peripheral neuropathies.**

feel appreciably better and return to their regular activities of daily life. The human body's ability to heal itself, if given the opportunity, amazes me every day."

## Patient Frustrations

Although people are thrilled to learn that help for their chronic back pain is available at Manhattan Spine & Sports Medicine, they also experience frustration. "Some patients are resentful that they weren't told these options were available sooner," says Drew DeMann, D.C., M.A., CCSP. "They're upset that they received Percocet, or another pain medication, for years to manage their pain. This is a common scenario: Someone sees an internist for chronic back pain that is not resolving on its own. The internist sends them directly to an orthopedic surgeon, which is a huge departure from how it should be done. The orthopedic surgeon doesn't think the patient is right for surgery and sends the person home with little to no follow-up options. They say, 'When you can't deal anymore with the pain, come back, and I'll operate on you.'"

Specialists at Manhattan Spine & Sports Medicine, a premier musculoskeletal center in New York City, also see another type of patient. These patients see a dozen providers but never get better because the therapies are offered in a vacuum. "They almost resign themselves to the fact that they're never going to improve," DeMann says. "When they finally see us, and when they do improve, they are upset that they've endured years of pain when all they needed was to be cared for by the right group."

VAX-D, cleared by the Food and Drug Administration in 1996, decompresses discs effectively and comfortably. Patients come to Manhattan from as far as Europe, seeking relief from chronic back pain by enrolling in an aggressive treatment program that provides therapy five days a week for four consecutive weeks. Unlike traction, VAX-D treatment drops internal pressure inside of a disc, in effect changing the architecture of the disc. "Discs are pressured internally at +250 mmHg, so material in the center of the disc wants to migrate out on regular basis," DeMann says. "With a small crack, fissure or injury to a disc, it tends to bulge or change shape outwardly. The problem is that there are nerves on the outside of the disc that are in close proximity, and when they get compressed or irritated from even a slightly deformed disc, it can produce intense pain."

VAX-D reduces internal disc pressure so aggressively that protruded or bulging disc material can be made to shift inward, away from sensitive nerves. This can lead to a lasting decrease in severe and chronic back or leg pain. This negative pressure, or vacuum, also tends to move fluids into the disc. That's important because, after age 20, discs don't have direct blood flow. Instead, DeMann says, "They get nutrients, oxygen and blood flow through the passive movement of fluids in and out of the disc through spinal motion. If someone has a stiff, painful back, they're not exercising often and their deep spinal joint motion can go to zero. Over

time, most people get less oxygen and blood flow to the disc, and that leads to disc desiccation and degeneration. VAX-D improves blood flow and reduces back pain through this mechanism, as well.”

VAX-D isn't for everyone, though. The practice turns away 50% of potential patients who aren't good candidates because of osteoporosis, spinal instability, metal implants or other fusion procedures that preclude treatment. “That doesn't mean we throw them out of the clinic,” DeMann says, citing another reason the practice is different than its competition. “If we can't help you, we find someone who can and we follow your progress. It's a good form of ‘Big Brother.’ If a clinician knows we're watching, patients receive better care.

Patients appreciate the extra effort. “Some of the nicest letters I receive are from people I didn't treat,” DeMann says. “They write to us and let us know they appreciated the fact that we weren't simply interested in driving business to our own center and that we helped them find a health care professional who could help with their specific problem and circumstances.”

## SUCCESS THAT'S HARD TO DUPLICATE

There are two main reasons why Manhattan Spine & Sports Medicine's multispecialty model isn't often mimicked: It's difficult and expensive to create such a practice. “It's not easy to hire 10 health care professionals, from alternative medicine to orthopedic surgery, who

**The office includes a state-of-the-art digital X-ray system, which allows for high-resolution radiographs to be taken on premises. Images are then instantaneously transmitted to a local hospital radiology service for routine second opinions.**



**Dr. DeMann explains the benefits of the VAX-D spinal decompression therapy to a patient suffering from low back pain related to a disc herniation. This nonsurgical therapy is a viable alternative for many patients wanting to avoid the risks of low back surgery.**

work well together with little regard for ego,” DeMann says. “Team members need common philosophies and a common mission and goal. Ours is to help the patient by using a team approach. Many hospitals are looking at this model, but they are slow to change. However, it makes good sense for patients, who don't have to see five different providers on five different days. The efficacy is much higher this way.

“The challenge is to be of a certain size and scale to make it work,” DeMann says. “There are places in the United States that do this, such as the Texas Back Institute and the San Francisco Spine Institute, but

there aren't many places like ours because, if they get too large, they become expensive to operate. Perhaps in as little as five years, we'll see this copied elsewhere, but it's a high-resource model. It's not easy to hire a large staff and operate a viable spine center in an area like New York City.”

Fortunately, after more than 35 years, Manhattan Spine & Sports Medicine is thriving — and so are thousands of people who are enjoying life again thanks to its multispecialty approach.

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