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Conditions	Conservative Treatments	Surgery
<input type="checkbox"/> Coccydynia	<input type="checkbox"/> Epidural steroid injection	<input type="checkbox"/> Anterior cervical corpectomy
<input type="checkbox"/> Degenerative disc disease	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Anterior cervical discectomy & fusion
<input type="checkbox"/> Herniated disc	<input type="checkbox"/> Facet joint block	<input type="checkbox"/> Anterior cervical instrumentation
<input type="checkbox"/> Muscle strain	<input type="checkbox"/> Facet rhizotomy	<input type="checkbox"/> Posterior cervical discectomy
<input type="checkbox"/> Myelopathy	<input type="checkbox"/> Sacroiliac joint block	<input type="checkbox"/> Posterior cervical decompression
<input type="checkbox"/> Nerve root impingement	<input type="checkbox"/> Selective nerve root block	<input type="checkbox"/> Artificial disc replacement
<input type="checkbox"/> Neuropathic pain	<input type="checkbox"/> Antidepressant medication	<input type="checkbox"/> ALIF (lumbar fusion)
<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Narcotic medication	<input type="checkbox"/> Anterior/posterior lumbar fusion
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> NSAIDs	<input type="checkbox"/> PLIF (lumbar fusion)
<input type="checkbox"/> Piriformis syndrome	<input type="checkbox"/> Steroid medication	<input type="checkbox"/> TLIF (lumbar fusion)
<input type="checkbox"/> Sacroiliac joint dysfunction	<input type="checkbox"/> Bracing	<input type="checkbox"/> Posterolateral lumbar fusion
<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Electrotherapy	<input type="checkbox"/> Bone graft substitutes
<input type="checkbox"/> Spondylolisthesis	<input type="checkbox"/> Heat/ice	<input type="checkbox"/> Anterior lumbar interbody cages
<input type="checkbox"/> Spinal stenosis	<input type="checkbox"/> Lumbar stabilization	<input type="checkbox"/> Pedicle screw instrumentation
<input type="checkbox"/> Whiplash	<input type="checkbox"/> McKenzie exercises	<input type="checkbox"/> Decompression/laminectomy
	<input type="checkbox"/> Musculoskeletal manipulation	<input type="checkbox"/> Laminoplasty
	<input type="checkbox"/> Physical therapy	<input type="checkbox"/> Microdiscectomy/discectomy
	<input type="checkbox"/> Sleep	<input type="checkbox"/> Pain pump/spinal stimulator
		<input type="checkbox"/> Kyphoplasty/vertebroplasty

Doctor's notes: \_\_\_\_\_