



Delhi Spine Times

1st EDITION | 4th APRIL 2025

SPINE SOCIETY DELHI CHAPTER ANNUAL CONFERENCE 2025

Join us for an enriching academic and cultural experience in the heart of Azerbaijan! The Spine Society Delhi Chapter invites you to an exclusive conference featuring cutting-edge discussions, expert lectures, and networking opportunities with leading spine specialists.



Baku, Azerbaijan
April 4-7, 2025



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Dr. RUPINDER SINGH CHAHAL

VICE CHAIRMAN, DEPARTMENT OF SPINE SURGERY
SIR GANGA RAM HOSPITAL, NEW DELHI.

- ✓ SPINE FELLOW QMC, NOTTINGHAM
- ✓ SPINE FELLOW DARTMOUTH HITCHCOCK, USA
- ✓ PRESIDENT : DELHI SPINE SOCIETY
- ✓ EX-SECRETARY: ASSOCIATION OF SPINE SURGEONS OF INDIA

SPINE SOCIETY DELHI CHAPTER – NEWSLETTER UPDATE

Dear Members,

We are thrilled to bring you the latest updates from the Spine Society Delhi Chapter. As we continue our mission to advance spine care, strengthen our community, and create a platform for professional growth, we are excited to share the progress we've made on several key projects. We are also looking ahead to future initiatives that will further enhance the value of

1. Revamped Website - Now More Interactive

We are pleased to announce the successful launch of our newly revamped website. With an enhanced user interface, improved navigation, and interactive features, the site is now a hub for all things related to spine care and our society. Members can easily access resources, upcoming events, and professional tools, all designed to make your experience more engaging and streamlined.

2. Membership Data Validation Complete

In our commitment to upholding the highest standards of professionalism, we have completed the membership data validation process. This included the verification of professional degrees and state medical registrations for all our members. This initiative ensures that our society remains a credible and trusted community of spine specialists, fostering an environment of integrity and excellence.

3. Bimonthly Meetings - More Interactive & Inclusive

Our bimonthly meetings have been revamped to foster greater interaction and inclusivity. We've introduced new formats that include case discussions, live Q&A sessions, and panel discussions, all designed to engage members in meaningful dialogue and exchange of knowledge. The response has been overwhelmingly positive, and we look forward to making these meetings even more dynamic moving forward.

4. Birthday Celebrations at Bimonthly Meetings

As part of our efforts to nurture a stronger sense of camaraderie among members, we have started celebrating birthdays during our bimonthly meetings. A small cake-cutting ceremony is held to recognize and celebrate members' special days. It's a fun and heartwarming way to build connections and celebrate the people who make our society so vibrant.

5. Launch of Biannual Newsletter

We are excited to announce the launch of our biannual newsletter, The Delhi Spine Times, a new platform to keep all members informed and engaged. This newsletter will feature the latest developments in spine care, member spotlights, society news, upcoming events, and much more. We encourage members to share their experiences, case studies, and success stories with us for future editions.



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6. Upcoming Outreach OPDs for Community Service

In our ongoing efforts to make a positive impact on the community, we are planning to launch outreach OPDs in neighbourhoods lacking adequate healthcare facilities. These outreach programs will offer basic spine care consultations, raise public awareness about spine health, and provide services to underserved populations. We invite members to get involved and help make these initiatives a success.

7. Two Annual Meetings – National & International

We are thrilled to announce that we will be organizing two major annual meetings moving forward: one at the national level and one at the international level. These meetings will bring together experts from around the world to discuss the latest in spine care, research, and innovations. They will also serve as excellent networking opportunities for our members and provide a platform for knowledge exchange across borders.

Looking Ahead

As we continue to build on these initiatives, we encourage all members to actively participate and contribute to the success of our society. Together, we are creating a stronger, more inclusive community, advancing the field of spine care, and making a tangible difference in the lives of those we serve.

We are grateful for your continued support and enthusiasm. We look forward to achieving even greater milestones in the months and years to come.

Warm regards,



Dr R S Chahal
President, SSDC



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Late Prof. ARVIND JAYASWAL
(2 JUN. 1950 - 24 JUN. 2024)

OBITUARY

"Words can't describe the contribution of Dr Arvind Jayaswal towards advancing management of spinal ailments not only in India but across the globe. Though his contribution was global, we at Spine Society Delhi Chapter will always remember him for having conceptualized this society from scratch. He literally nourished his baby by extending all resources at All India Institute of Medical Sciences for the meetings of the society for quite a while. Though we have lost the father figure of the society, his legacy will continue to guide us, take the society to greater heights and realise his dreams."

It is with profound sadness that the Delhi Spine Society mourns the passing of Prof. Arvind Jayaswal, a stalwart in the field of spinal surgery and a cherished member of our community. Prof. Jayaswal departed from us on 24th June 2024 leaving behind an indelible mark on the medical profession and countless lives he touched.

Prof. Jayaswal was a visionary and a pioneer, known for his unwavering dedication to advancing spinal surgery techniques and his relentless pursuit of excellence in patient care. His contributions to the field were immense, marked by numerous groundbreaking research papers, innovative surgical procedures, and his role as a mentor to generations of aspiring surgeons.

Beyond his professional achievements, Prof. Jayaswal was admired for his kindness, humility, and generosity. He was always willing to share his knowledge and experience, guiding colleagues and mentees with patience and empathy. His presence at conferences and seminars was always enlightening, where his insights and wisdom resonated with all who had the privilege to learn from him.

Prof. Jayaswal's legacy will continue to inspire and guide us. His passion for his work, coupled with his compassion for his patients, set a standard of excellence that will endure. His absence leaves a void in our hearts and in the field of spinal surgery that cannot be filled.

The Delhi Spine Society extends its deepest condolences to Prof. Jayaswal's family, friends, colleagues, and patients during this difficult time. While we mourn his loss, we also celebrate a life lived with purpose and distinction. May his soul rest in peace.

The Spine Society Delhi Chapter honors the legacy of the great Professor Arvind Jayaswal by establishing the Professor Arvind Jayaswal Traveling Observership of SSDC. This prestigious Observership is awarded to young spine surgeons across the country, providing them with the opportunity to visit four major spine centers in Delhi over the course of a month, spending one week at each center. Fellows receive an honorarium of ₹25,000 along with a certificate upon completion.

Spine Society Delhi



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जगत प्रकाश नड्डा
JAGAT PRAKASH NADDA



मंत्री
स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक
भारत सरकार

Minister
Health & Family Welfare
and Chemicals & Fertilizers
Government of India



MESSAGE

I extend my heartfelt congratulations to the Spine Society Delhi Chapter on the launch of its bi-annual newsletter, 'Delhi Spine Times'. This initiative marks a significant step in fostering knowledge sharing, academic discussions and professional growth within the spine surgery community.

The field of spine surgery plays a crucial role in improving the quality of life for countless individuals. By creating a platform for the exchange of expertise, research and innovation, the 'Delhi Spine Times' will contribute to the advancement of spinal care and enhance collaboration among specialists.

I commend the President Dr. R. S. Chahal and whole Spine Society Delhi Chapter for its dedication to education, training and service in this critical domain of healthcare. I am confident that this newsletter will serve as a valuable resource for professionals and will inspire young minds to contribute to this evolving field.

I wish the Society a great success in its endeavours and hope that 'Delhi Spine Times' continues to enlighten and empower the medical community.

(Jagat Prakash Nadra)

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SECRETARY'S MESSAGE

At the outset, I would like to extend my heartfelt gratitude to the Spine Society Delhi Chapter (SSDC) for entrusting me with the important role of Secretary. SSDC has come a long way since its establishment, guided by our esteemed mentors who had the vision and dedication to elevate the society to its current stature.

Under the leadership of our President, Dr. Rupinder Singh Chahal, and with the support of our executive members, we aim to take SSDC to even greater heights. Our society continues to expand every year, creating a dynamic blend of experienced senior members who generously offer their guidance and young, energetic members who are committed to working hard. At SSDC, we strongly believe that the best way to contribute to the field is by sharing and imparting knowledge, fostering spine education and training.

In pursuit of this mission, I am delighted to share that in October 2024, SSDC launched a four-week Observership in Spine Surgery in honor of the legendary Prof. Dr. Arvind Jayaswal. This initiative allows upcoming spine surgeons, selected by the executive committee, to gain valuable experience by rotating through four different centers under the mentorship of esteemed experts.

Furthering our commitment to education, SSDC introduced the online "Master Class Series" in February 2025, held on the second week of every month. This series focuses on crucial spine pathologies, with lectures by SSDC experts and a national faculty member covering topics from basics to advanced concepts within 90 minutes. I would like to extend my appreciation to Dr. Gururaj for his relentless efforts in making this program a reality. It has been widely accepted and appreciated by orthopedic students and young spine surgeons across the country.

Additionally, SSDC has been actively collaborating with other professional bodies to advance knowledge and education in spine surgery. A significant milestone was our contribution to the World Neurosurgery Conference held in Delhi in March, where SSDC conducted a full-day program addressing key aspects of spine surgery with participation from experts nationwide.

This year, we are excited to host our Annual Meeting in Azerbaijan—a historic first for SSDC, marking our inaugural conference outside India. Another proud milestone will be the launch of our bi-annual newsletter, "Delhi Spine Times," at the annual conference. This publication will showcase our society's achievements, promote awareness of key spinal health issues, and highlight recent advancements in spine care.

Looking ahead, we are committed to introducing more programs and initiatives that align with our vision of sharing and disseminating knowledge.

Thank you for your continued support.

Dr. Bibhudendu Mohapatra
Secretary & Treasurer, SSDC



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Dr. JONG-BEOM PARK

MD, PhD

- ✔ PROFESSOR AND DIRECTOR, DEPARTMENT OF ORTHOPAEDIC SURGERY, THE CATHOLIC UNIVERSITY OF KOREA COLLEGE OF MEDICINE
- ✔ PRESIDENT, CERVICAL SPINE RESEARCH SOCIETY - ASIA PACIFIC (CSRS-AP)
- ✔ PRESIDENT, KOREAN SOCIETY OF SPINE SURGERY (KSSS)
- ✔ ORTHO EDUCATION OFFICER ELECT, AO SPINE ASIA PACIFIC BOARD

BEST WISHES FOR THE INAUGURAL ISSUE OF DELHI SPINE TIMES

Dear Dr. Chahal,

It is truly an honor to extend my heartfelt congratulations on the launch of Delhi Spine Times, the bi-annual newsletter of the Spine Society Delhi Chapter. This initiative marks a significant step in advancing spine education and raising awareness of spine health among the people of India.

The Spine Society Delhi Chapter has been making remarkable contributions to the field of spine surgery through its dedication to education, training, and patient care. The launch of this newsletter will undoubtedly serve as a valuable platform for knowledge exchange, inspiring young spine surgeons and the broader medical community.

As the President of the Cervical Spine Research Society - Asia Pacific (CSRS-AP) and the Korean Society of Spine Surgery (KSSS), I strongly believe in fostering international collaboration to advance spine surgery and education. I look forward to strengthening our ties with the Spine Society Delhi Chapter and working together to promote academic excellence and innovation in spine care. Delhi Spine Times will bridge knowledge sharing and professional collaboration across the Asia-Pacific region and beyond.

Once again, I wish this wonderful initiative success and look forward to future collaborations between our societies.

With My Best Regards,
Dr.Jong-Beom Park



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- ✔ PAST PRESIDENT OF ASSI
- ✔ EDITOR-IN-CHIEF, INDIAN SPINE JOURNAL

Dear all,

I would like to congratulate the Delhi Spine Society for their initiative on bringing out a bi-annual newsletter.

The success of any society and its rapid growth depends on 'connectivity and communication' amongst its members. While the newsletter plays a central role in updating the academic events and latest developments in the field, it also will fulfill an equally important role in keeping all the members updated about the social, family, and cultural happenings of the society and individual members. This will help to keep the society bonded together as a family and I am so happy that Delhi Spine Society is taking this initiative.

Delhi Spine Society always proactively leads the way and I am sure the success of the newsletter will inspire other regional and state spine societies to follow this. I wish this endeavour a grand success.

Warmly
Dr S Rajasekaran
Editor-in-Chief, Indian Spine Journal.
Past President - ASSI



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Dr. SHANKAR ACHARYA

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THE EVOLUTION OF DELHI SPINE SOCIETY: NOW SPINE SOCIETY DELHI CHAPTER (2004 TO ETERNITY)

On a chilly winter morning in January 2002, I called Dr. Arvind Jayaswal Sir for help with a complication in a revision spine case that I couldn't resolve. It was early in my practice at Sir Ganga Ram Hospital. After returning from England, I was trying to establish myself as a spine surgeon at a time when spine surgery wasn't recognized as an independent specialty. Dr. P. S. Maini, then the Head of the Department at Ganga Ram, advised me to continue with general orthopedics, warning that I might struggle otherwise. However, I persisted with my special interest in spine surgery.

I would often visit Dr. Jayaswal's house in the evenings, carrying stacks of X-rays and scans to discuss cases. He lived opposite AIIMS, near Safdarjung Hospital, on the ground floor, while my elder brother lived on the first floor. That gave me an added incentive—after discussing cases, I would have dinner at my brother's place before driving back to Pitampura, where I lived.

This routine went on for about a year. One evening, I brought him a particularly difficult case—a congenital scoliosis with spinal dysraphism and tethered cord. He advised me to consult neurosurgeons and then suggested something that would change the course of spine surgery discussions in Delhi: "Why don't we start a spine society meeting once a month? We can discuss only difficult and complicated cases and learn from collective wisdom."

That was the beginning of what would become Spine Society Delhi Chapter (SSDC).

Dr. Jayaswal handed me an old register to record attendance and immediately called Dr. Rajendra Prasad from Apollo and Dr. Kale from AIIMS. We set our first meeting for the upcoming Saturday at 4 PM in the lecture theatre on the first floor of AIIMS. That day, I packed some Coke and chips, carried my cases, and drove to AIIMS in my second-hand Maruti Zen. The discussions that day gave me tremendous confidence.

In our first meeting, we decided to involve more colleagues. Over time, eminent spine surgeons like Dr. V. S. Madan, Dr. H. S. Chhabra, Dr. Harsh Bhargava, Dr. S. Katoch, Dr. H. S. Bajaj, Dr. Manoj Sharma, and others joined. Dr. Chhabra was later entrusted with drafting the association's guidelines and getting it registered. The name Delhi Spine Society was unavailable, so we modified it to Spine Society Delhi Chapter (SSDC).

The Evolution of SSDC

When we discussed the first draft, we modeled it along the lines of the Association of Spine Surgeons of India (ASSI), which was itself in its early years. Our aims and objectives were similar:

- Improving patient care in spine-related ailments
- Promoting research and innovation in spine surgery
- Facilitating educational programs and workshops for both orthopedic and neurosurgeons

The first major event after the formalization of SSDC was the International Combined Symposium (ICS) with the European Spine Society in August 2004. Under Dr. Jayaswal's leadership, we worked tirelessly to make it a success. The event was hosted at an NGO institution in Shankar Vihar near Airport Road. Dr. Rajendra Prasad, Dr. Chhabra, Dr. Kale, and many others contributed to its success.



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This was followed by ASSICON and SRS meetings under Dr. Jaiswal's leadership. Later, in 2008, Dr. Rupinder and I organized ICS Shimla under SSDC. Over the years, Dr. Kale, Dr. Chhabra, Dr. Rushama, Dr. Bhavuk, and others have organized numerous conferences under SSDC for ASSI and other organizations.

SSDC Leadership Timeline

- Dr. Arvind Jayaswal (2006–2009)
- Dr. Rajendra Prasad (2009–2012)
- Dr. V. S. Madan (2012–2015)
- Dr. Shankar Acharya (2015–2022)
- Dr. H. S. Chhabra (2022–2024)
- Dr. Rupinder Chahal (2024–Present)

I served as Secretary from the inception until 2009, after which Dr. Chhabra took over, followed by Dr. Rushama, Dr. Rupinder, Dr. Vikas, and now Dr. Bibhu. Satish was later given the responsibility of managing membership, finances, and accounts, and he has done an excellent job.

Initially, we had a Vice President position, which has since been replaced by President-Elect.

Some of the notable Vice Presidents were:

- Dr. Rajendra Prasad
- Dr. (Brig) P. K. Sahoo
- Dr. S. S. Kale
- Dr. Manoj Sharma
- Dr. V. K. Jain
- Dr. K. L. Kalra

The SSDC Family Spirit

One of the defining characteristics of SSDC has been its family-oriented culture. We founders strongly believed that our annual meetings should be a mix of fun, family, and academics. Over the years, these events have created lasting memories and strong friendships. This year, our conference in Baku is a testament to this tradition, and I congratulate Dr. Rupinder and Dr. Bibhu for making it happen.

Unfortunately, I will not be able to attend due to personal reasons, but I understand that this first SSDC newsletter will be released in Baku, marking another milestone in our journey.

Now that our organization has grown so much—like ASSI—I hope that we continue to nurture it with the same love, affection, and family spirit. The ability to help each other in crises, learn without bias, and maintain this bond of camaraderie is what makes SSDC special. May this spirit continue forever.

Long Live SSDC!
Jai Jagannath! Jai Hind!
Dr. Shankar Acharya



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THE SPINE: THE CENTRAL PILLAR OF PHYSICAL, NEUROLOGICAL, AND SPIRITUAL WELL-BEING

By, Dr Jai Madan
Spiritual Mentor

The human spine is a masterpiece of biological design, acting as the core structure that supports the body, facilitates movement, and enables neurological communication. It serves as the vital link between the brain and the rest of the body, governing sensory input, motor function, and autonomic regulation. However, beyond its physical and physiological significance, the spine plays a crucial role in holistic wellness and ancient healing traditions, where it is seen as a bridge between physical health and mental and spiritual harmony.

While modern medicine acknowledges the spine's essential role in musculoskeletal and neurological function, alternative healing modalities such as sound therapy, meditation, and yogic practices emphasize its influence on energy flow and higher states of consciousness. Recent research now highlights the potential of binaural beats and frequency-based healing in alleviating pain and promoting nerve regeneration, offering a unique fusion of medical science and spiritual insight in spinal care.

Neurological Realignment Through Sound Therapy: A New Approach to Pain Management

Pain perception is shaped by a complex interaction between sensory signals, emotions, and cognitive responses. Disruptions in neural rhythms often amplify pain, making it harder for the body to self-regulate. Scientists are now exploring the potential of brainwave entrainment, an auditory technique that influences brain activity through specific sound frequencies, as a promising non-invasive approach to pain relief.

Brainwave Patterns and Healing Frequencies

The brain functions through intricate electrical impulses, generating unique brainwave frequencies that shape mood, cognition, and pain perception. Chronic pain conditions are often linked to imbalances in alpha and beta wave activity, disrupting the body's natural rhythm.

Binaural beat therapy, which encourages the brain to synchronize with external sound frequencies, has emerged as a potential tool for restoring optimal neural function. Among the frequencies studied, 528Hz is particularly promising for nerve regeneration and relaxation. When combined with alpha waves (8-14 Hz) and isochronic tones, this frequency may enhance neurological balance, reduce pain perception, and accelerate healing.

Scientific Evidence Supporting Binaural Beats in Pain Reduction

Growing research suggests that binaural beats can modulate pain pathways:

- Clinical studies reveal that listening to alpha binaural beats (10 Hz) for 5-10 minutes significantly reduces post-surgical pain during procedures such as cystoscopy and ureteral stent removal.
- Theta wave frequencies (4 Hz) have been linked to a decrease in pain sensitivity during invasive procedures like colonoscopy.

Ancient spiritual traditions have long revered the spine as more than a structural framework - it is considered the channel of consciousness. In Yogic philosophy, the spine is likened to Mount Meru, symbolizing its role as a bridge between the physical and the divine.

At the core of this belief is Kundalini energy, an untapped force residing at the base of the spine. When awakened, this energy travels through the Sushumna Nadi, an energetic channel aligned with the spinal column, activating the chakras before culminating at the crown of the head, leading to expanded awareness and spiritual transformation.



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The Spine, Energy Flow, and Modern Neuroscience

Ancient Yogic wisdom aligns remarkably with contemporary neurophysiology:

- The Sushumna Nadi corresponds to the central nervous system (CNS), facilitating communication between the brain and body.
- The Ida and Pingala Nadis, which represent the parasympathetic and sympathetic nervous systems, regulate physiological balance, mirroring the function of the autonomic nervous system.
- Meditation and breathwork, particularly Ajapa Japa, are known to stimulate the vagus nerve, promoting relaxation, stress reduction, and homeostasis.

Ajapa Japa: A Meditative Practice for Spinal and Neural Balance

Ajapa Japa is a profound meditative technique that harmonizes breath, mantra repetition, and awareness, enhancing both neurological and spiritual well-being. Unlike traditional mantra chanting, Ajapa Japa integrates breath with silent mantra recitation, creating a continuous, rhythmic flow of energy through the spine.

Key Benefits of Ajapa Japa

Scientific research and traditional wisdom support its transformative effects:

- **Chakra Activation:** Stimulates the spinal energy centers, fostering emotional and physiological balance.
- **Pain Reduction:** Induces alpha and theta brainwave states, alleviating stress-induced pain.
- **Neurological Regulation:** Strengthens the default mode network (DMN), associated with deep introspection and self-awareness.
- **Autonomic Stability:** Enhances vagal tone, improving heart rate variability (HRV) and promoting relaxation.
- **Spiritual Awakening:** Encourages the natural ascension of Kundalini energy, aligning the individual with higher consciousness.

Practicing Ajapa Japa

- **Posture & Setup:** Sit in a comfortable position with a straight spine to facilitate energy flow.
- **Breath Awareness:** Inhale deeply while mentally repeating a chosen mantra (e.g., So-Hum, Aum).
- **Mantra Synchronization:** Exhale while silently repeating the mantra again.
- **Inner Resonance:** Observe the subtle vibrational effects of the mantra along the spine.
- **Deep Absorption:** Over time, the breath and mantra merge into an effortless, meditative rhythm.

With consistent practice, Ajapa Japa becomes a spontaneous, continuous meditation, strengthening the connection between breath, awareness, and higher consciousness.

Maintaining Spinal Health: A Holistic Perspective

A strong, flexible spine is fundamental to overall health and well-being. Poor posture, a sedentary lifestyle, and chronic stress contribute to musculoskeletal imbalances, nerve compression, and systemic dysfunction.

Key Strategies for Spinal Health

- **Postural Alignment:** Maintaining a neutral spine reduces strain on the vertebrae and nervous system.
- **Core Strengthening:** Exercises like yoga and Pilates improve spinal stability and flexibility.
- **Stress Management:** Mindfulness techniques alleviate tension-related pain and nerve irritation.
- **Energy-Based Healing:** Modalities such as sound therapy, breathwork, and meditation promote energetic balance.
- **Chiropractic and Physiotherapy:** Evidence-based therapies help correct structural misalignments, optimizing spinal function.

The Root Chakra: Foundation of Stability and Strength

Among the seven chakras, the Muladhara (Root) Chakra is the foundation of physical, psychological, and energetic stability.

- Positioned at the base of the spine, it governs grounding, security, and survival instincts.
- It corresponds to the lumbosacral plexus, a crucial nerve center regulating mobility and organ function.
- Techniques such as Mool Bandha (root lock) and grounding meditations help balance this chakra, enhancing resilience and vitality.

When imbalanced, the Muladhara Chakra can contribute to chronic lower back pain, fatigue, and emotional instability - a connection echoed in psychosomatic medicine.

Conclusion: Uniting Science and Spirituality for Spinal Health

The spine is far more than a physical structure - it is the conduit of life force, seamlessly integrating the physical, neurological, and spiritual aspects of well-being. As modern research continues to validate ancient wisdom, it becomes clear that approaches like binaural beats, Ajapa Japa, and mindful spinal care hold immense potential in improving pain management, nervous system function, and holistic healing. The future of spinal health lies in a multidimensional approach, where structural realignment, neural balance, and energetic harmony work together to create true well-being.



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TALK, TRUST, TREAT: SURGEON-PATIENT COMMUNICATION IN THE OPD THROUGH DR. R.S. CHAHAL'S 2 H'S – HUMOUR & HUMANITY

By, Dea Navtej Singh,
Class 11, Pathways World School,
Gurgaon

Effective communication comes into play in all sorts of relationships and one of the main ones in this case would be the surgeon-patient communication dynamic. In a not-so-happening environment of the hospital outpatient department (OPD) every corner you turn to is a whole new challenge whether it be locating which OPD you need to visit or encountering your medical reports but after all, the communication aspect is what helps you the most in these times. The quality of interaction between a surgeon and a patient plays a vital role when finding a solution to the problem, of the visit but also the patient's overall perception towards health care systems and doctors. This article explores the distinction between surgeon-patient communication in the OPD, verbal and non-verbal actions in the OPD, as well as humor playing a pivotal role in building trust and releasing some of the anxiety/stress.

Science Meets Soul

Surgeons are often thought of as people who are driven by their work and are very focused on their tasks but balancing the technicality with human nature frequently becomes a challenge for them. OPD is a place where generally consultations are supposed to be brief, specific, and critical but the ability to properly connect with the patient is a challenge that not many can overcome. Many might think about how it matters to communicate on a personal level, but it does matter as this connection is not just for diagnosing the problem but for creating an environment that makes the patient feel at ease comfortable, and vulnerable around the surgeon. Creating an environment where the patients feel heard, respected, and well-understood.

The skill of being able to explain very complex doctrine language in layman's terms is a challenge. Simplifying the technical jargon helps bridge the gap and makes sure that the patient has fully understood what exactly the problem is and what can be done to solve the same. Not just making it simpler to understand but using said layman's language builds the patient's trust and allows the patients to make an informed decision about their treatment with as little hesitation as possible.

Stories Which Medicine Can't Tell

Using words and language is the most common way to communicate with the patient after all the only thing that matters is making them physically fit, correct? No, as much as physical health is the main goal with physical health mental health is also affected and vice versa. That's when non-verbal clauses play a major role and these include body language, eye contact, the tone of the voice, and the mood set in the environment. There are a lot of times when a patient is in pain and sometimes just suggesting medication is not the way to go and that's when the non-linguistic aspect of comforting the patient plays an intense role this is also known as bedside manners in the doctrine world. Subtle gestures of comfort often speak louder than words.

I got the idea of writing this article under the guidance of Dr. Rupinder Singh Chahal who is the Vice Chairman in the Department of Spine Surgery at Sir Ganga Ram Hospital, where I have been doing my shadow program. Throughout the duration of my shadow program, I have noticed how his actions complement his verbal exchanges which make his communication with his patients seamlessly effective. Dr. Chahal is just an example of a doctor whose kind words, focused listening, and constant attention on the patient to make them feel heard. Not just this but his approach of using humor as a technique to make sure that the patient's mental health is at some ease is a very effective strategy.



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Empathy: Strongest Pill in Medicine

Empathy is the foundation of every form of communication which should be built in the doctor and patient dynamic. Being able to recognize not just the physical pain that the patient is but also the mental turmoil that they are undergoing creates a sense of validation and support for the patient. But time is where the difficulty arises because in the OPD that is one of the main constraints and the surgeons must find a way to convey empathy without compromising their time and coherency.

Dr. Chahal's interactions with the patients call to attention the act of empathy. Whether it be to bring to notice a patient's concerns or just offering words of encouragement his aptness to connect on a human level leaves a lasting impression on the patients. One of many things that I have learned from Dr. Chahal is that he recognizes the connection between mental pain and physical pain and uses humor as a medium to often lighten the environment and diminish stress. Although it might seem like too little work or too much work, these moments of lightheartedness remarkably influence a patient's emotional well-being.

The Two H's

The two H's in Dr. Chahal's book include humor and humanity. In the fast-moving atmosphere of the OPD where all of the patients are in fear and anxiety, the two H's are what tend to come in the most handy to handle situations effectively, as humor can be a tool to diffuse tension. If used correctly humor can create a sense of friendship and help alleviate the pain in the patient's mind. Although, timing is the key element when it comes to humor as already the environment is very tense, mellowing the environment down with the help of humor, therefore, is the key, but only with the correct time and sensitivity, making sure it doesn't subvert the sensitivity of the patient's medical condition.

With Dr. Chahal, I witnessed when, where, and how humor can be used in the OPD considering the sensitivity of the situation very well. I saw how when the joke is well timed and compliments the patient in a certain way it eases off some of the "OPD" stress from their minds and gives them a sense of relief that the surgeon is also a human and they understand the level of excruciating pain which they might be undergoing. All it takes is a well-timed and appropriate joke to make sure that the patient walks out with a fresh mindset a positive attitude and reassurance no matter the turmoil. Throughout this entire course I realised that healthcare is not just a sector for treating illnesses but to promote a good and healthy quality of life and nurture the human spirit.

Chain Reaction

The surgeon's expressions and communication methods influence more than just the patients directly in the OPD. A bridge is created by the surgeon to cover the gaps but this bridge is not just by the surgeon every brick on that bridge acts as a building block for all of the other doctors, nurses, assistants, and staff, and even if one falls through, meaning if even one is treated poorly the gap does not close leaving the surgeon-patient dynamic to fall through as well. Therefore, the overall atmosphere created by the surgeon also affects everyone in the hospital and if communication is not maintained the chain reaction will break. Moreover, the chain reaction created enhances the overall experience of the patients, and this same chain reaction effect can be seen in Dr. Chahal's OPD and Sir Ganga Ram Hospital.

Communication can lead to more concrete benefits, such as patient adherence to the treatments, lower stress levels, and with a positive mindset an even quicker recovery time. As I have seen when the patients leave the OPD feeling heard, valued, respected, and a little light-hearted they tend to follow through on their treatment plans and come for follow-up check-ups, which means creating a cycle of trust in a better and more beneficial health care system.

Masked Scenes

When talking about challenges in the OPD, one always thinks about too many patients in too little time, but one rarely talks about what might the surgeon be thinking or feeling when a teenager has to press pause on the school to come to get treated for the excruciating pain and how that might affect the doctor, because after all planning a life-threatening surgery for a teenager has a lot on stake. And that is exactly what one of the days in Dr. Chahal's OPD felt like. The parents came in with scans in their hands and tears in their eyes almost praying just to see their child in somewhat less pain than before, one could only imagine the turmoil Dr. Chahal's mind would be experiencing. Waking up on the day when you can change a teenager's life either for better or for worse one can only imagine is one of the most gut-wrenching feelings in the entire world.

The same doctor who lives by the motto of humor and humanity goes silent before stepping into that operation theatre only to wish it plays out in his favor, that feeling right there is the 'behind the scenes' which no one would know when seen from a third person perspective. Many might think that it's an everyday task and that doctors might become immune to it, but seeing Dr. Chahal's worry for every patient he has ever seen makes me realize that, that feeling of realizing that you have an actual life of a son, daughter, mother, father, sister or brother, in your hand and the fact that all cases are different will never change. But of course, overcoming these barriers means having a creative mindset, patience, and doing the job through a positive mindset.



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My OPD Diaries

Since I was old enough to understand the term "nerd" I have confidently classified myself as one and I had decided around June of 2022 that if there was one very "nerdy" profession that I wanted to step into that had to be the medicinal healthcare field. And coincidentally with the help of Dr. Chahal, I was able to do a shadow program with him in Sir Ganga Ram Hospital from the month of August 2024 and it only took me a couple of months to identify how it's even more difficult than one would have seen on Grey's Anatomy. Since the beginning itself, I was introduced to terms such as "cauda equina" "psychosomatic" "Idiopathic" and whatnot. But apart from learning technical terms, I was supposed to do this shadow program to see if I could handle the hospital pace or not apart from realizing all of this, I realized how healthcare is more than medicine and now I agree with the two H's even more than before. I will incorporate the two H's: Humanity and Humour when I am a doctor myself but for now, I will also make sure to incorporate it in my real-life circumstances.

Even though the technical aspects of surgery are very critical, the connections influenced before, and the level of trust built in the patients and their loved ones' eyes also have an equally profound impact. Lastly, through my experience I gauged that the OPD illustrates the balance between precision and empathy, serving as a miniature version of the larger healthcare environment. When surgeons can achieve this balance, even a brief interaction can change their patients' lives.

Conclusion

The dynamic between the surgeon and the patient is one of the primary partnerships in which effective communication is important. To build confidence and guarantee satisfactory outcomes, among other things, communication between the surgeon and the patient is essential. This study examines both verbal and non-verbal communication, including empathy levels, layman's language explanation strategies, and fostering a warm and inviting atmosphere in a hospital setting where finding the OPD or even coming across your medical reports can be a challenge at every turn. This article, however, revolves around my learning from my shadow program done with Dr. Rupinder Singh Chahal and his two H's humor and humanity which his OPD revolves around.

By the end of the day, all my learning from the OPD testify to how medicine is as much an art as it is science. Surgeons can cure the body and uplift the spirit by considering empathy, understanding, and respect first. This will guarantee that each patient's experience with the healthcare system is one with respect and compassion.



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SPINAL CORD INJURY, THE EDWIN SMITH PAPYRUS, AND THE FUTURE

In 1862, an American antique dealer, amateur Egyptologist and collector Edwin Smith purchased a papyrus in Luxor, near the ancient city of Thebes. Though it is not known exactly where he found it, he likely bought it from local dealers who had access to tombs and ancient sites. Thebes had a trove of ancient documents and possibly the papyrus was uncovered there. Smith recognized its importance and did not sell it.

Creditably, he did attempt to translate it but the hieratic script was too daunting to decipher. He died in 1906; his daughter donated the papyrus to the New York Historical Society. The papyrus remained unknown till in 1920 an Egyptologist, James Henry Breasted visited the New York Historical Society. Breasted was the founder of the Oriental Institute at the University of Chicago and well versed in hieroglyphs and the hieratic script. With funding from the Rockefeller Foundation, Breasted began translating the papyrus. Recognizing that it contained medical information he roped in a physician, Arno Luckhardt as well. In 1930 he published a two-volume translation.

Breasted inferred that the papyrus may have been written in the 16th century BCE. But since the hieroglyphs were more common during 3,000 - 2,500 BCE, he felt that the Edwin Smith papyrus was a copy of an earlier document. The question was who was the author of the original text? Breasted felt that the author of the original was Imhotep who was in the service of the Egyptian pharaoh Djoser (or Zoser) around the 26th century BCE.

Why this interest in an old papyrus? Why do we want to look at the past?

The past is often an indicator of the future. The Spanish philosopher George Santayana succinctly summed it up in a few terse words, 'Progress far from consisting in change, depends on retentiveness.....Those who cannot remember the past are condemned to repeat it.' The history of spinal cord injury is in a sense the history of mankind, and the problems in its treatment encountered in the past, are not to be repeated. There is an aura of mystery about our ancient civilizations and a delightful sense of intrigue encompasses all things historical.

One cannot help wondering if Imhotep had a predecessor. The same James Henry Breasted coined the term the Fertile Crescent which is largely the territory encapsulating two major rivers, the Tigris and the Euphrates. It is the region where man settled, quit his nomadic past, and began farming. Early human civilizations - the Sumer, Akkad, Babylonia, and Assyrian evolved here. Countless wars were fought in these parts, and are still being fought! The first libraries appeared here 4,500 years ago.

Writing appeared at the same time in China and in South America. While the Sumerian cuneiform writing has been partly deciphered, along with the Elamite, and Old Persian scripts, as in the case of the Behistun Inscription, there has been no inkling of any forerunner who may have appeared before Imhotep. The treatment of illnesses was the application of herbs, and the chanting of incantations.

The Edwin Smith papyrus emerged as a surprise. It removed the obfuscation surrounding the treatment of injuries, replacing magic with knowledge. Breasted's suggestion that the author of the Edwin Smith papyrus was Imhotep, is not based on any evidence. Imhotep remains an enigmatic polymath and a legend - he was a priest, a physician, an architect, a mathematician, an astronomer, and a statesman. Our concern here is his role as a physician. He treated diseases using a rational and observational approach, rather than a mystical approach.



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The Step Pyramid of the Pharaoh Djoser in the necropolis of Saqqara was built over nineteen years. The workforce consisted of skilled artisans, laborers, and conscripted peasants. The tools available were primitive - copper chisels, and wooden sleds. Ramps were cut to transport large limestone blocks.

These methods of construction would have posed significant risks to the workers. The study of worker skeletons at cemeteries in Giza shows healed fractures. Worker welfare would have been a prime concern of Imhotep in completing such a monumental project. It would have provided ample clinical material for study. While the actual discussion of the spinal cord injury cases mentioned in the Edwin Smith papyrus is outside the review of this paper, the shift in treatment goals is apparent. The dictum that '...(spinal cord injury) is a condition that cannot be treated' is not acceptable any longer. The pioneering efforts of John Munro and Ludwig Guttman attracted global interest and their teachings have disseminated globally.

Major medical colleges in India have had a paraplegia ward where spinal cord-injured patients were admitted and cared for. Workers like Dr. Mary Verghese, Dr. AS Chahal, Dr. V Chacko, Dr. PS Maini, Dr. Tuli, Dr. Raj Bahadur, and many others have contributed to their holistic care with contributions to their physical, emotional, and vocational welfare. Much progress has been made and any conference on spinal cord injury attracts healthcare professionals who have dedicated themselves to its treatment. With the development of specialized hospitals devoted to treating spinal cord injured patients, equipped with modern diagnostic tools and staffed by specialists, one can take a more optimistic view that a cure will be forthcoming. The cure for paraplegia remains the Holy Grail.



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SPINE SURGERY – BACK, FRONT AND THE FUTURE

Introduction

Spine surgery is an exceptionally intriguing and unique specialty in the field of modern medicine. It is the only organ system with an intricate inter-play of both orthopedic disorders and neurological conditions. So, a thorough knowledge of both bones and neurological system is essential to make the correct diagnosis and appropriate treatment. Secondly, imaging in spinal diseases is a double edged sword. As much as medical imaging like radiographs, CT and MRI has made our diagnosis easier, it could be counterproductive in several situations. Many patients with extensive 'symptoms' will have a normal imaging due to functional overlay while many asymptomatic 'healthy' people will have abnormal imaging findings confusing the young doctor. Ever since man started walking bipedal he must have invited back pain and hence spinal disorders have been studied since time immemorial.

How Spine Surgery Evolved from Orthopedics: A Fascinating Journey

Spine surgery, as we know it today, has a rich and often bizarre history, emerging from the depths of ancient practices to the modern, high-tech procedures we rely on today. In fact, if you draw a graph about the developments in spine surgery, the graph will have a small slope from 1500 BC to 2000 AD and from early 21st century, it will have a steep vertical rise. The road from rudimentary treatments to state-of-the-art surgeries is long and winding, with a few bumps along the way. So, grab your lumbar support cushion, because we're about to take a spine-tingling journey through the evolution of spine surgery with some historical facts.

The Early Days: Not Exactly a "Back to the Future" Situation

Whenever we think of anything about the past in medical science, Egyptians with their mummies are waiting for us in their tombs with the crucial evidences. The ancient Egyptians, around 3,000 BC, didn't have MRIs or even X-rays, but they did have treatment options—granted, not all of them were particularly spine-friendly. Evidence shows that they used rudimentary splints and traction methods. Picture this: a Pharaoh with a bad back, his servants performing what could best be described as "primitive physical therapy," like rubbing oils or hoping the gods would send a miracle cure. The first known written documentation of spinal injuries was noted in the Edwin Smith Surgical Papyrus dating back to the 17th century B.C. It described 48 cases of traumatic injuries, including six spinal injuries. Then, there's Hippocrates—yes, the "father of modern medicine," who being extraordinarily intelligent, naturally took interest in Orthopaedics and Spine surgery (probably these two specialties were very popular in those days too!). Hippocrates and his followers used traction to try and realign dislocated spines. The idea wasn't entirely wrong, but they didn't quite understand the human spine as we do today. But his contributions to the understanding of spinal deformities have always been the forerunner for modern spine surgeries.



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The Middle Ages: A Time of Conservatism

Fast forward to the Middle Ages, and spine surgery is not looking too promising. Surgeons had to rely on whatever was at hand to treat ailments. In fact, with wars mushrooming in every corner of Earth, surgeons focussed on life saving procedures like amputations or draining abscesses. Spine-related procedures? Not exactly a priority. By the time the Renaissance rolled around in the 15th and 16th centuries, science began to flourish—along with a more curious approach to anatomy. Doctors, who had once been content with vague theories, started to dissect cadavers and actually look at the human spine. Of course, it wasn't a straight path (pun intended). In 1543, Andreas Vesalius published *De humani corporis fabrica*, a ground-breaking work on human anatomy that offered new insights into the spine. While he didn't exactly invent spinal surgery, his detailed illustrations gave a more accurate understanding of the bones, muscles, and joints involved in the human spine, paving the way for future developments.

The 19th Century: Getting Serious About Spine Surgery

By the 1800s, the field of orthopaedics began to take shape as a specialty. Surgeons started performing more specific procedures on the spine, like spinal fusions, to treat conditions such as scoliosis and spinal infections. This was a big leap forward—but don't get too excited, because the results were still a bit... shaky. In 1846, the first successful use of ether as an anesthetic made the idea of spinal surgery a bit more appealing since patients no longer had to remain conscious while someone stabbed their back!

The 20th Century: The Era of High-Tech Innovation

By the mid-1900s, surgeons began to have more success with spinal fusions and even discectomies. In 1916 Dr. Charles Elsberg, a neurosurgeon from New York, published a textbook entitled "Diagnosis and Treatment of Surgical Diseases of the Spinal Cord and Its Membranes." He not only described his cases but instructed readers on how to perform surgical procedures on the spine and spinal cord for different conditions, presenting spinal disorders as a separate medical specialty. The next key breakthrough in our bread and butter disease of lumbar disc prolapse came from Mixter and Barr who performed the first trans-dural discectomy in 1932. Though dural tear during a discectomy is considered a complication now, it was the standard practice to start with, ironically! The introduction of X-rays in the early 20th century made it possible to see exactly what was going on inside the body. Surgeons could now, quite literally, "see the light"—or, more specifically, the spine—and work with greater precision. The next breakthrough came in 1951 when Dr. Paul Harrington developed a rod-based spinal fixation system to treat scoliosis—essentially the first modern spinal fusion device.

The 1990s saw the advent of MRI with better and sometimes over diagnosis of spinal diseases and this era was simultaneously accompanied by introduction of pedicle screws. This sudden dawn of better imaging and better fixation gave a false hope of spine surgeons who ended by screwing many spines with not so happy outcomes. The fallacies of MRI was soon realised and the stress on clinical examination came to the forefront again. From 2000, the introduction of minimally invasive techniques, robot-assisted surgeries, endoscopy, and advanced microscopy, neuro-monitoring and 3D printing of spinal implants, has allowed current spine surgeons to get even more precise, safer, and more adventurous than before. Now, if you need back surgery, you're probably not worrying about the survival rate or whether someone will use a leech.

Spine Surgery Today: The Sky's the Limit

With all this technology, the spinal surgery game has truly transformed from those dark days when your only hope was a prayer and some well-intentioned rubbing. We can now treat a wide range of conditions, from herniated discs to scoliosis to spinal tumors, and patients have a much better chance of returning to their normal activities with a restored quality of life. The story of spine surgery is an evolution that's been marked by discovery, trial, and error and with each step, we've become better in understanding and treating the spine, and in turn, improving the quality of life for millions of people.



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It is my proud privilege and honor to write for the first Newsletter of the extremely active and promising Delhi Spine Society. Newsletter of any academic society reflects the cardiogram of its distinguished academic activities, its raised bar in the arena of scientific growth and its dedication towards the service of society and humanity at large.

It is heartening to see the compounded growth of Delhi Spine Society which is one of the finest spine society of the country. The mentors of this society have put their heart and soul in establishing and nurturing the academic growth of Delhi Spine Society. Delhi Spine Society has a distinguished honor of hosting many National and International Conferences successfully. The Newsletter of Delhi Spine Society would definitely act as a positive catalyst to the overall future growth of Delhi Spine Society.

The recent leadership is in hands of a very able President, Dr Rupinder Singh Chahal who is well known for his hard work and vision for the growth of any academic body. Launching a bi-annual newsletter "Delhi Spine Times" is a testimony to this.

I extend my sincere and best wishes for the success of Newsletter of Delhi Spine Society.

With My Best Regards,
Dr.S.K.Srivastava



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DSSCON 2024

DSSCON was held from 13th to 14th April at hotel Holiday Inn. There were 152 participants including 92 national and 9 international (virtual) faculty. There was Live demonstration of Robotic Spine surgery from Sri Balaji Action Medical Institute on 13th April, 2024. There were 6 keynote addresses, 82 talks, 9 panel discussions, 2 debates, 1 virtual panel discussion, 6 free paper presentations and 6 posters in 34 sessions during the conference. There were 8 papers competing for best paper presentation award.

The inaugural ceremony took place on 13th April. Prof. V K Paul was the Chief Guest of the session. The social program included a standup comic performance and bhangra dance alongside dinner.



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DEPARTMENT OF ORTHOPAEDICS

School of Medical Sciences & Research, Sharda University

Under the aegis of

DELHI SPINE SOCIETY (DSS)

&

GREATER NOIDA ORTHOPAEDIC ASSOCIATION (GNOA)



NATIONAL CME ON BIPORTAL SPINE ENDOSCOPY CONDUCTED BY SHARDA UNIVERSITY & DELHI SPINE SOCIETY

14th September 2024 – The Department of Orthopedics, School of Medical Science and Research, Sharda University, in collaboration with the Spine Society Delhi Chapter, successfully conducted a National CME with a cadaveric hands-on Biportal Spine Endoscopic Workshop.

The event saw participation from delegates across India, guided by a well-equipped faculty. Notably, UPMC awarded three credit points to attendees. As one of the first Biportal conferences under the Spine Society society Delhi Chapter, it provided immense learning opportunities for participants.

Dr. Rahul Kaul and Dr. Abhishek Kashyap, key members of the Spine Society Delhi Chapter, led the workshop as the organizing faculty.



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ISIC SPINE COURSE 2024

INDIAN SPINAL INJURIES CENTRE REVOLUTIONIZES SPINE SURGERY TRAINING WITH INDIA'S FIRST COMPREHENSIVE ISIC SPINE COURSE 2024

New Delhi, 25th November 2024 - The Indian Spinal Injuries Centre (ISIC) under the aegis of SSDC successfully concluded the ISIC Spine Course 2024, a three-day comprehensive training program aimed at advancing spine surgery education in India. The course attracted 250+ delegates and featured leading spine experts, offering specialized training in trauma, degenerative conditions, tumors, and infections.

Participants engaged in hands-on surgical sessions, case-based discussions, and advanced workshops, including the Midas Workshop (precision tools), Robotic Workshop (automation in spine surgery), Dural Repair Workshop (spinal membrane repair), and Sawbone Workshop (surgical simulations).

Dr. Vikas Tandon, Director & Chief of Spine Services at ISIC, emphasized, "This course bridges the gap between theory and practice, equipping young surgeons with the skills to perform complex spine procedures with confidence."

A highlight of the event was the "War of Wizards" quiz, featuring postgraduate teams from AIIMS Delhi, AIIMS Rishikesh, Maulana Azad Medical College, and CMC Vellore. Winners were awarded a fully sponsored one-month observership at ISIC.



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Dr.(PROF) KAMRAN FAROOQUE ORGANISING CHAIRMAN



CADAVERIC WORKSHOP ON MICROSCOPE-ASSISTED SPINE SURGERY

The Spine Society Delhi Chapter, in collaboration with the Orthopedics Department of AIIMS New Delhi, conducted a one-day cadaveric workshop on Microscope-Assisted Spine Surgery on December 15, 2024.

This well-structured course featured:

- Specific lectures on microscope-assisted techniques
- Hands-on training with expert guidance
- Wet lab exercises designed for orthopedic surgeons

Participants learned and practiced essential skills, including:

- Lumbar decompression
- Dural repair
- Cervical discectomy
- Percutaneous screw placement

The workshop provided an excellent platform for orthopedic surgeons to enhance their expertise in performing spine surgeries using a microscope.



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WORLD NEUROSCIENCES CONCLAVE

Organized by
Max Super Speciality Hospital,
Dwarka



The World Neurosciences Conclave 2025, organized by Max Super Speciality Hospital, Dwarka, successfully concluded after a five-day academic extravaganza held from March 18 to 22, 2025, at The Leela Ambience Hotel, Gurgaon. The event was conducted under the aegis of the Spine Society Delhi Chapter (SSDC) and brought together leading experts from across the world.

The conclave began with an advanced cadaver workshop at AIIMS, New Delhi, on March 18 and 19, providing participants with hands-on exposure to cutting-edge neurosurgical techniques. This was followed by the prestigious World Federation of Neurosurgeons meeting on March 20, where some of the brightest minds in neurosurgery engaged in a dynamic exchange of knowledge. The final day of the event featured a Spine Symposium, with SSDC contributing through lectures, case discussions, and video sessions covering a wide spectrum of spinal disorders and treatments.

With over 300 faculty members, 250 lectures, and 70 international experts, the conclave delivered a comprehensive scientific program spanning all aspects of neurosurgery and spine surgery. It was truly an academic feast, leaving delegates with valuable insights, innovative ideas, and an expanded global network.

The success of the World Neurosciences Conclave 2025 is a testament to the hard work of the organizing team and their unwavering commitment to advancing the field of neurosciences.



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SPINE QUIZ

(Score out of 15)

1. Who performed the first laminectomy and wiring in spine pathologies?

- a. Hippocrates and Sushruta respectively
- b. Jules Guerin and Hadra respectively
- c. Smith and Hadra respectively
- d. Charles Elseberg and Smith respectively

2. Who reported the first percutaneous pedicle screw system?

- a. Magerl
- b. Roy-Camille
- c. Mathews and Long
- d. Anderson

3. The nerve exiting below C1 pedicle and T1 pedicle are:

- a. C1 and T1 respectively
- b. C2 and C8 respectively
- c. C1 and T2 respectively
- d. C2 and T1 respectively

4. Which one of these spinal cord segment areas is least vascularised?

- a. C7-T2
- b. T4-T9
- c. L1-L5
- d. C1-C3

5. A right sided extraforaminal disc herniation at L4-5 will cause-

- a. Pain on right leg inner side below knee and weak ankle dorsiflexion
- b. Pain on right leg inner side below knee and weak knee extension
- c. Pain on right leg outer side below knee and weak toe extension
- d. Pain on right anterior knee and weak knee flexion

6. Maximum flexion-extension in cervical spine happens at-

- a. C5-6
- b. C1-2
- c. C0-1
- d. C4-7

7. First prominent and most prominent spinous process in cervical spine are-

- a. C2 and C5 respectively
- b. C6 and C7 respectively
- c. C2 and C7 respectively
- d. Both C6

8. Which is the most medially angulated thoracic pedicle?

- a. T12
- b. T5
- c. T3
- d. T1

9. All these indicate spinal cord compression except-

- a. Overflowing Bladder
- b. Positive Babinski reflex
- c. Positive Hoffman reflex
- d. Positive Lhermitte sign

10. All these are provocative manouvers for detecting radiculopathy (cervical/lumbar) except-

- a. Spurling test
- b. Shoulder Abduction test
- c. Straight leg raising test
- d. Axial compression test



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11. All are red flags for low back pain except-

- a. Blurring of vision
- b. Night fever
- c. Leg weakness
- d. Pain more than 1month duration

12. All these are true about Waddell's test except-

- a. Includes overreaction and regionalization tests
- b. Indicates contribution of socio-economic contribution to spinal symptoms
- c. Positive tests prove malingering
- d. ≥ 3 positive test indicates significant result

13. All are indications for surgery in L4-5 disc herniation except-

- a. Cauda equina syndrome
- b. Grade 4 neural deficit in ankle dorsiflexion
- c. Pain not responding to medications and local steroids
- d. Associated Spondylolisthesis

14. All are classification related to spinal cord injury except-

- a. ASIA scoring/classification
- b. Frankel classification
- c. AO classification with modifiers
- d. Nurick grading

15. All are criterion to clear cervical spine post trauma except-

- a. Absent supinator jerk
- b. Conscious and mentally alert patient
- c. Intact neurologic status
- d. Absence of localised posterior spine tenderness

Answers Key

- | | | |
|-----|------|------|
| 1.c | 6.c | 11.a |
| 2.c | 7.c | 12.c |
| 3.d | 8.d | 13.b |
| 4.b | 9.a | 14.d |
| 5.a | 10.b | 15.a |



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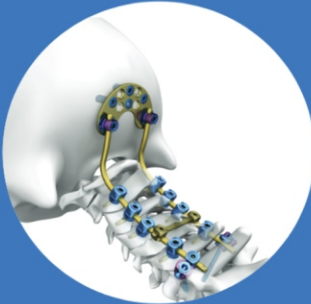
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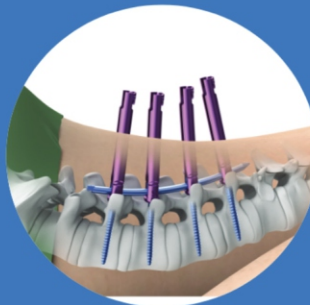
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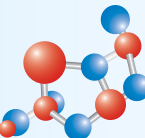
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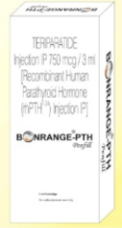
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1. The Lancet, Volume 382, Issue 9886,50-56; | 2. Lancet. 2015 September 19, 386(9999):1147-1155

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