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NEWS & NOTEWORTHY

* **Georgia Concussion Coalition & the “Return to Play Act of 2013”**

The “Return to Play Act of 2013” is a piece of Georgia state legislation aims to standardize return-to-play policies of young athletes following a concussion and to educate the public on the risks of concussions.

The Georgia Concussion Coalition (GCC), of which Dr. Khajavi is an active member, has worked tirelessly advocating for the passage of this bill. Their efforts were met with success on April 23, 2013, when Governor Nathan Deal signed the bill into effect, making Georgia the 43rd state in the country to instill measures that improve the safety of youth athletics.

You can read more about the bill here: [www.gaconcussioncoalition.org/
wp-content/uploads/2013/03/Fact-Sheet.pdf](http://www.gaconcussioncoalition.org/wp-content/uploads/2013/03/Fact-Sheet.pdf)

* **New Additions to the Research Team**

Congratulations to our previous clinical research intern, Maddie Lagina, on her acceptance to Emory University School of Medicine! Maddie begins her medical education in Fall of 2013.

With her departure, we are pleased to welcome aboard our new clinical research intern, Atul Kumar, a 3rd year medical student at Mercer University. Having worked on various research projects at Georgia Tech, Emory, Georgetown, and Monmouth Medical Center in New Jersey, Atul’s experience will undoubtedly prove to be an asset during his time at GA Spine.



PHYSICAL THERAPY SPOTLIGHT



We are pleased to feature a tip from physical therapist Tim McMahon in this issue. Tim is a physical therapy and an Orthopedic Clinical Specialist at Mercer Physical Therapy, located at Mercer University Atlanta Campus. You can contact them by phone at 678-547-6439, or visit them on Facebook at Mercer Physical Therapy. You can find Tim’s corrective postural exercise tip for neck pain on the next page.

Newsletter

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TIP OF THE MONTH

Corrective Neck Posture Exercise for the Busy Patient

One of the main problems for people with neck pain is faulty posture of head, neck and shoulders. The object of the exercise is to reposition the shoulder blade on the rib cage without holding the shoulders back.

Start with your hands at your side (palms facing outward), and slowly raise your arms overhead (Fig. 1). Once your arms are overhead, slowly let your arms come down to your sides by bending your elbows and palms still facing outward to the sides. Pretend that you are trying to place your elbows into your back pockets and hold for 2 seconds (Fig. 2). Then relax your arms down to your sides. Repeat this two to three more times. After resetting the shoulder blade, try to retract your head as if trying to make yourself taller. Hold that position for 2 seconds and relax. Perform this exercise three to four times per day throughout the day. If this exercise causes pain anywhere then stop the exercise. Retry the exercise and continue only if the movement is pain free.



Fig. 1



Fig. 2

“DOC, WHAT ARE THE CHANCES THE SURGERY WILL BE SUCCESSFUL?”

This is one of the most commonly asked questions by patients who are considering spine surgery. The answer depends on a number of factors, but first we must define a “successful surgery.”

To keep things simple, let’s assume that a “successful surgery” has:

1. **Low complication rate (risk)**
2. **High “clinical benefit”**

In other words, the ideal surgery is one with the lowest **risk**, but has the highest chance of being **beneficial** to the patient.

For more information on how risks and benefits help to evaluate the “success” of a surgery, visit our education blog at:

www.gaspine.com/2013/05/successful-surgery

RESEARCH UPDATE

Dr. Khajavi and the research team have presented their findings at the following national conferences this year:

April 3rd-5th

13th International Society for the Advancement of Spine Surgery Annual Conference

April 27th-May 1st

81st American Association of Neurological Surgeons Annual Scientific Meeting

May 9th-11th

6th Society of Lateral Access Surgery Annual Research Meeting