



## **SPONDYLOLISTHESIS**

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## SPONDYLOLISTHESIS

### Spondylolisthesis

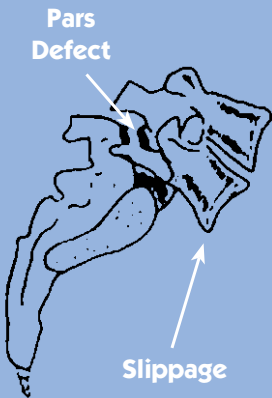
(spon-dee-low-lis-thee-sis)

is when one vertebra slips forward on the vertebra below it.

There are two main parts of the spine that keep the vertebrae aligned:

the disc and the facet joint.

### Isthmic Spondylolisthesis



The intervertebral disc may slowly stretch under the increased stress and allow the upper vertebra to slide forward. In the vast majority of cases, the structure of the disc allows for only a small amount of forward slip. There is no real danger that the vertebral body will continue to move forward until the upper vertebral body slips off.



An affirmative diagnosis can be made by plain X-ray, CT scan or MRI. Just because you have been diagnosed with this condition does not mean you will have back pain.



Spondylolisthesis can be divided into two groups: **isthmic** and **degenerative**.

**Isthmic Spondylolisthesis** occurs in younger people and tends to affect the L5-S1 vertebral levels. Isthmic Spondylolisthesis is from a defect that causes the vertebral body to slip forward.

**Degenerative Spondylolisthesis** usually occurs in older people and most commonly affects the L3-4 or L4-5 level. Degenerative Spondylolisthesis results from a loss of stability in the facet joints.

The severity of the slip is estimated on the lateral view on an X-ray, and depends on the amount of contact left between the vertebral bodies. The severity of the slip is classified into five grades: Grade 1 indicates 25 percent slippage; Grade 2 indicates 25 percent to 49 percent slippage; Grade 3 indicates 50 percent to 74 percent slippage; Grade 4 indicates 75 percent to 99 percent slippage; and Grade 5 is 100 percent slippage. The higher the grade of slip, the more serious the problem and the greater chance of further slippage.

In patients with Spondylolisthesis, the treatment depends on several factors, including age, gender and severity of slip. In most cases, surgery will not be necessary. Physical therapy and strengthening of the back can help reduce pain symptoms by making the muscles stronger and enabling them to help compensate for the slippage. Medications may be used for a short period to help control pain, relieve spasms, and decrease inflammation.

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