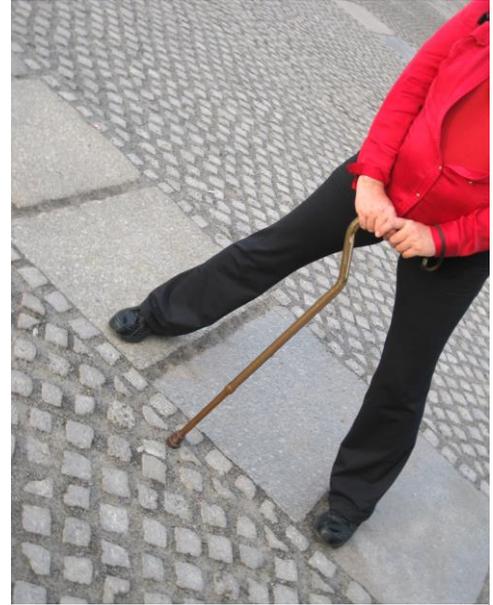


Why I Walk with a Cane

by Vanessa Ott

May 25, 2017

Why do you walk with a cane? I've heard the question countless times since I became permanently partially disabled in 2002. Although unuttered, the question is still there when I meet people who are too polite to ask. I see it in their eyes, and the awkward white elephant of unasked questions bumps us as it trudges by. I don't mind telling people what's going on except that it's time consuming to explain, and I'm so bored with the story by now I could scream. I also get very irritated with people who, once I tell them why the cane is not merely a fashion statement, want to have a pain competition with me. Maybe they're trying to be empathetic by saying, "I know how you feel, I have back pain, too." I just don't think they have any idea how bad it is, and I'm not going to get into "my pain is badder than your pain" quibbling. I don't need advice on how others deal with back pain. This is just a part of every day and every night life for me, and it's not going to go away. All I can do is manage it.



My cane, always with me, is a blessing and a burden.

To satisfy the curious without getting into a discussion about it, I decided to write it down, print it out, and give this essay to people who wonder, who care enough to ask, or who need to know what they can expect from me because we have a working relationship.

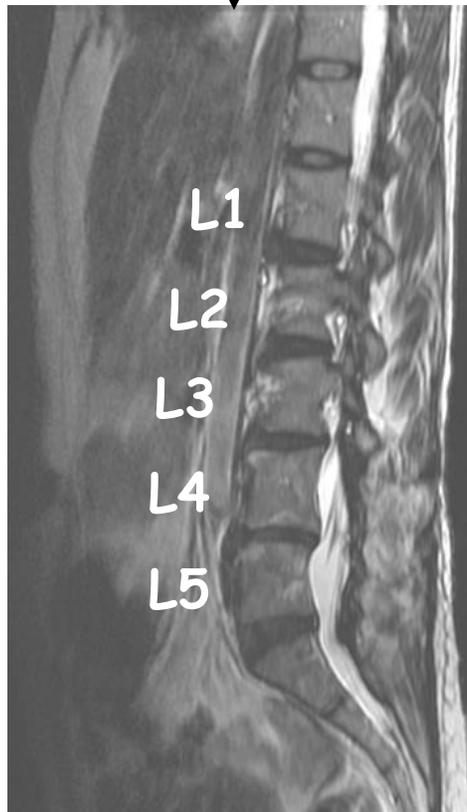
I have had two spinal surgeries to remove several herniated discs. Today I suffer from chronic pain and permanent nerve damage due to scoliosis, spinal stenosis, disc degeneration, and arthritis in my lumbar vertebrae. There are no discs left between my L3 to S1 vertebrae, so they just grind against each other causing further arthritic and stenosis damage. Pictures of my MRIs from 2004 and a medical explanation are on pages 2-5. I wear custom orthotic inserts in my shoes, and walk with a cane to support my weakened, right leg which sometimes does not do what my brain asks it to do. A cane keeps me from stumbling, helps me walk faster, and can take pressure off my spine somewhat when there's no place to sit. It helps me to stand up when I'm kneeling on the floor or sitting, and it's handy for scooping things up from the ground, catching a paper scurrying off with the wind, or hook something down from a shelf. Yes, my cane keeps succumbing to gravity and falling on the ground, and I keep having to pick it up, but I wouldn't want to have to live without it.

I am always in pain. All day. All night. It makes me cranky, and I'm often wincing in pain which makes it look like I'm frowning. It feels like a knife stabbing my lower spine, or what I imagine a knife might feel like. The muscles in my right leg react by tightening up and becoming numb to the touch from the outside, but alive with screaming discomfort and tight muscles inside. Sometimes a cramp comes on suddenly or a stabbing pain, and I yelp. People look at me weird. I've been accused of looking "drunk" because I'm unsteady on my feet. That right leg has a really slow response time. Common tasks such as sitting, walking or standing for more than 30 minutes increases the pain exponentially. Bending and lifting heavy objects increases pain exponentially. It takes me longer to do simple motor tasks involving leg and torso movement than the average able-bodied person (such as getting out of a car, or walking up and down stairs). Physical stressors are cumulative throughout the day. The more I do physically, the more rest and recovery time I need.

Mahalo for your interest.

V. Ott MRI
(2004)

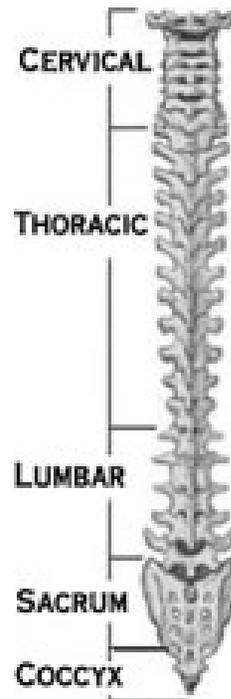
Normal Lumbar
Curvature



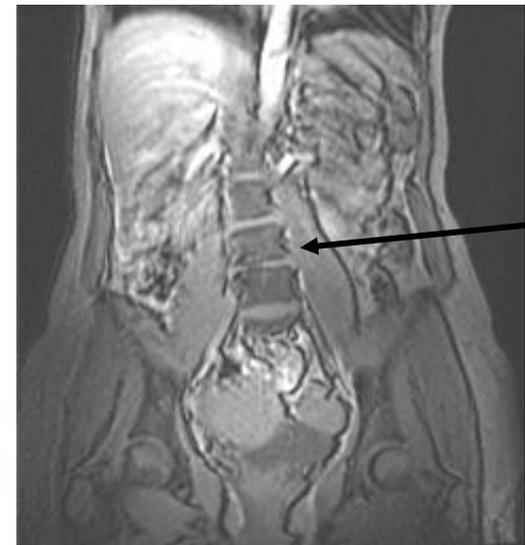
LATERAL VIEW

Compare Ms. Ott's MRI on the left with the picture of a normal lumbar curvature on the right. The flattening of the spine in Ott's lumbar region caused several discs to protrude into the spinal column over time.

Since childhood, Vanessa Ott has had scoliosis which is manifested in 3 dimensions. The lumbar curvature is flattened, there is an S-curve throughout the lumbar and thoracic regions, and the right hip is tilted forward. She has had two spinal surgeries (1998, 2004) to remove the herniated discs caused by the scoliosis and other physical stressors. Because of prolonged spinal cord impingement, permanent nerve damage, and arthritis in her spine, she has a permanent disability that makes her right leg weak, and induces non-stop chronic pain in her lower back and parts of her right leg and foot. Excessive walking, sitting, standing, bending and lifting aggravate the condition and increase pain. She wears custom orthotic supports in her shoes at all times, and walks with a cane to support her weak, right leg. To manage pain, she hires the services of a masseuse on a regular basis, and takes pain medication as needed.



Normal Straight
Spine



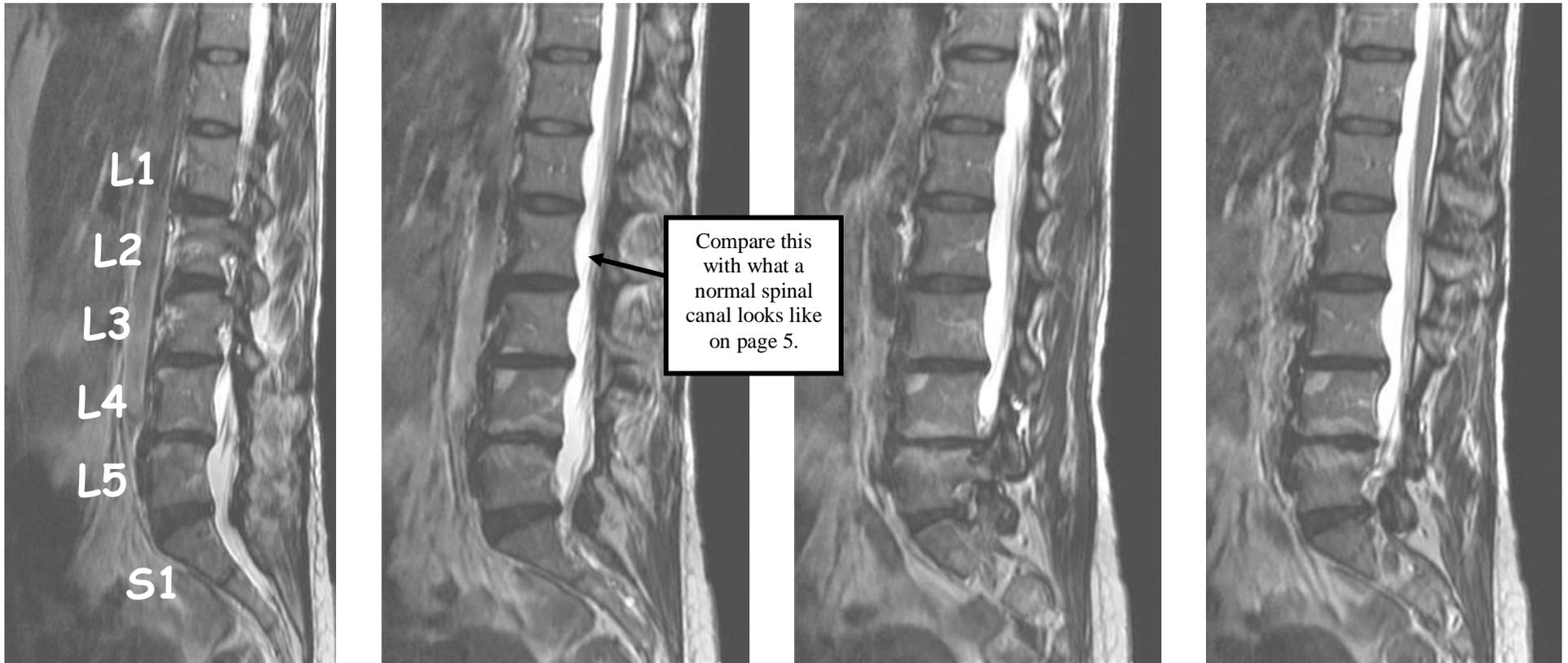
V. Ott MRI
(2004)

Spinal
Curvature
(bottom
portion of
S-curve)

POSTERIOR VIEW

Compare the picture of a normal spinal column on the left with Ms. Ott's MRI on the right showing the bottom half of the S-curve in her spine.

2004 V. Ott MRI Sequence



BULGING & HERNIATED DISCS

Note the disc protrusions into the spinal canal at L1/L2, L2/L3, L3/L4, L4/L5, L5/S1 causing nerve impingement, resulting in pain, muscle weakness, numbness, and permanent nerve damage in spine, right leg, and foot.

DEGENERATED DISCS

Note disc nucleus (whitish area) as seen in thoracic discs is absent in S1/L5, L5/L4, L4/L3, L3/L2 discs; this indicates disc flattening and degeneration.

SCAR TISSUE

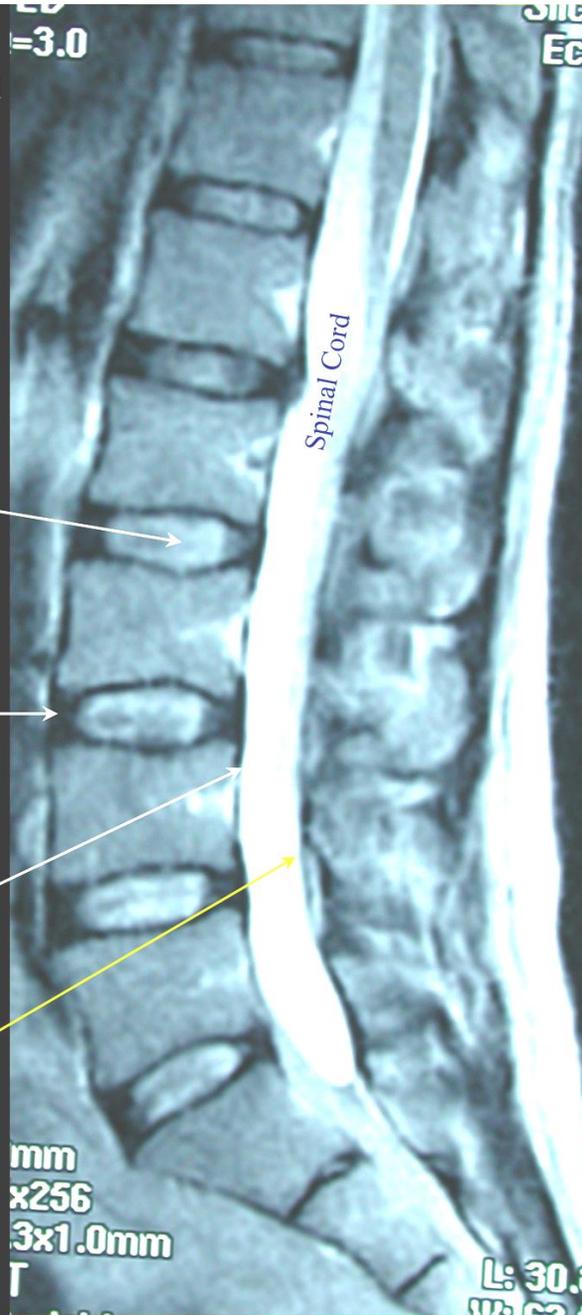
Note the discoloration in the spinal canal at the L4/L5/S1 region. This is scar tissue from the 1998 surgery.

ARTHRITIS

Note the osteophyte formations, irregular bone shape, and arthritis (white areas in the bone) most noticeable in the L2, L3, L4, L5, and S1 vertebrae.

Information about reading a spinal MRI, herniated discs, disc degeneration, and arthritis in the spine.

Normal MRI
This is an example of a normal MRI (except for the small disc buldge at L1-2. Note the appearance of the normal disc. A normal disc is well hydrated and has a whitish appearance on the MRI. The outer portion of the disc is the tough annulus which appears black. The spinal canal is wide and cylindrical.

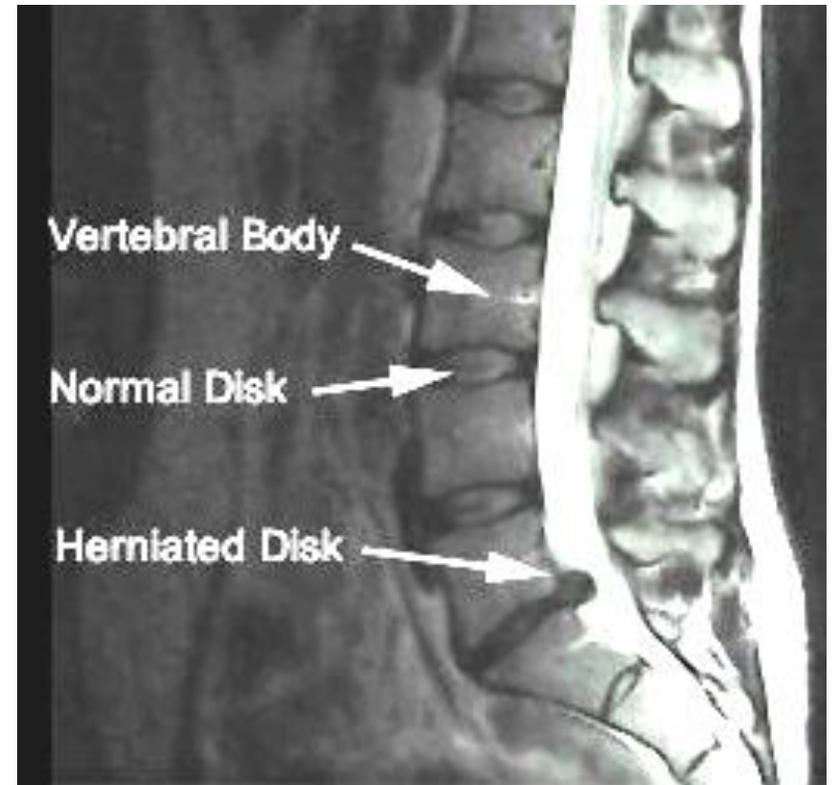


Nucleus of Discs with normal whitish appearance

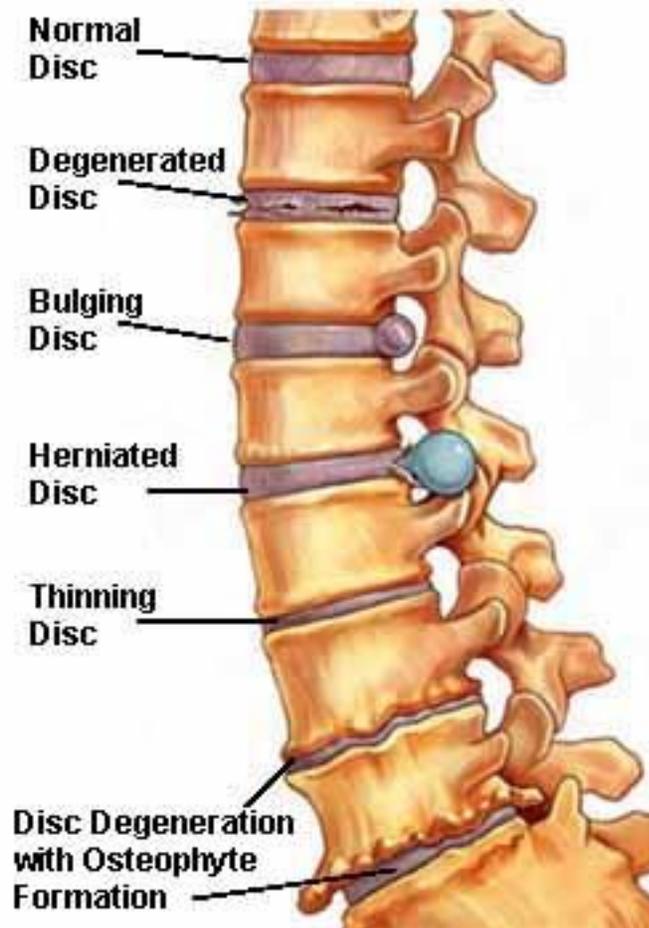
Annulus of disc with normal solid black appearance. There are no cracks or herniations posteriorly.

Smooth cylindrical shape of spinal cord without any disc buldges on the cord.

No Posterior Bone Spurs are present that would cause cord compression



Examples of Disc Problems



Arthritis affects approximately 80% of people over the age of 55 in the United States. Injury, a weakened immune system, and/or hereditary factors can trigger the onset of **arthritis**. There are hundreds of types of arthritis that share similar symptoms including inflammation, joint pain, and progressive deterioration of joint surfaces over time. The joints may lose normal contour, excessive amounts of fluid may build up inside the joint along with pieces of floating debris. Arthritis may affect the joints in the spine, which enable the body to bend and twist. Part of the problem may be the body's response to arthritis, which is to manufacture extra bone to stop joint movement. The extra bone is called a bone spur or bony overgrowth.

In medical terms, the extra bone is called an osteophyte (os-t-o-fight). **Osteophytes** may be found in areas affected by arthritis such as the disc or joint spaces where cartilage has deteriorated. The body's production of osteophytes is a futile attempt to stop the motion of the arthritic joint and deal with the degenerative process. It never completely works. The evidence of bony deposits can be found on an x-ray. A bone spur may cause nerve impingement at the neuroforamen (nu-row for-a-men). The neuroforamen are passageways through which the nerve roots exit the spinal canal. Sensory symptoms include pain, numbness, burning and pins and needles in the extremities below the affected spinal nerve root. Motor symptoms include muscle spasm, cramping, weakness, or loss of muscular control in a part of the body.