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David Wilson's spinal doctor explains stenosis, heightened awareness of neck issues

David Wilson.JPG

David Wilson has some big decisions in front of him regarding his neck injury. (*John Munson/The Star-Ledger*)

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Robert Watkins is a Los Angeles-based orthopedic spine surgeon whose expertise, particularly in the sports realm, has made him sought after by athletes suffering from neck or spinal issues.

Aside from Giants running back David Wilson, Watkins also has advised Jason Pierre-Paul, Rob Gronkowski, Ahmad Bradshaw and Peyton Manning, among many others.

To help us better understand the complex neck issues discussed by the Giants' Mathias Kiwanuka and David Baas, Watkins agreed to speak with The Star-Ledger about the growing awareness surrounding spinal cord injuries and what, exactly, we're talking about when referencing spinal stenosis.

Q: What are you looking for when a patient comes in with a neck issue?

A. The way to think about it is, there's a spinal column made up of bones and joints and ligaments and disks, and it's like a house. The walls of the house are the joints, the roof is called a lamina, the floor is made up of disks. It's a series of joints. The cord runs through the house. And there's windows throughout; the nerves are windows.

So when we see someone with a cervical injury, it can vary all the way from a sprained neck. It's a series of joints just like a sprained ankle. You can get a partial ligament tear, the bones and ligaments and joints in your neck, and sometimes that doesn't amount to anything.

Other times, there's major disruptions of the spinal column like a disk herniation (Wilson has and Kiwanuka had a herniated disk), where part of the disk in between the vertebra ruptures.

We analyze patients for spinal column injuries then we analyze them for what neurological injuries they've had. And the neurological injuries they have come in the form of a burner or a stinger where the very sensitive part of a nerve is squeezed and you get a burning, searing pain down your arm — that happens on the window of the spine.

If you injure your spinal chord enough, it's like brain tissue, it's the same thing. Sometimes if you injure it enough, it can't recover.

We get the CAT scans and the MRIs, and what we look for is the narrowing of the spinal canal. How narrow is it? If it's real, real narrow, then they have a higher chance of having another episode. What's the chance of it happening again? What's the chance of a player being permanently neurologically impaired based on the severity of the injury and what happened? How much stenosis (the term for the narrowing of the spinal column) is there?

Q: How difficult is it to speak with athletes about a neck injury? More so than concussions, it's got a potential to immediately end seasons and careers.

A: We see a lot of 22- or 23-year-old kids that we have to advise them along the lines of: How can we be sure they're going to be okay when they're 40? We have to look at all those problems.

It's very difficult. And what I've always tried to do in my practice is — and I see a lot of athletes — I try and sit down personally with the player with as few people there as possible, and I tell them what my recommendation is. And then I want to hear from them. I say, "What do you think about this? What do you think about surgery?"

It's very insightful information in terms of where they are in terms of their career and what they want for the future. I try and do what they want, but there's certain limits. If I think it's too high of a risk I'm going to tell them.

Q: Seeking out contact as a profession has to be terrifying after you've developed a neck injury, especially when you're told the spinal column is narrowing. How can athletes go back to football after that?

A: Part of the key of the return is the rehabilitation program. Many times the surgery is very routine. It's done all over the country, but the key is the diagnosis and the decision making and then the rehab program.

The way the patient feels confident is, we have a five-level core stabilization program. It's an intense, intense workout program. And when they can do level five — level three they start weight lifting and running for example — and so by the time they're ready to go back, they're at top performance. That's the key to the lack of fear.

Q: Has there been an increased focus on neck injuries? Or are we just looking at a random spike?

A: I think there's a heightened awareness. I think there has been increased emphasis. The NFL had a "See what you hit" program years ago, and it just takes time and awareness that people realize that a lot of these injuries come because people are flying all over the place and they don't have any control over what's happening.

But good blocking and tackling techniques — and I was really glad the NFL started protecting the quarterbacks, not because quarterbacks are my interest, but my interest is in the hitters. Those are the guys more likely to get hurt. They lower their heads and their more likely to get the neck injury.

Real changes have been instituted about head contact and rules have changed. Coaching techniques have changed. And I think it's been for the positive.

The players are more receptive, too. I talked to a professional athlete and they said, 'I want to be sure I can walk and talk and play with my kids when I can leave this game.' And that's the key phrase that gives you the idea — they're taking a realistic look at this profession of theirs.

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