The Spondyloscope

Jean-Pierre Petit



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The author



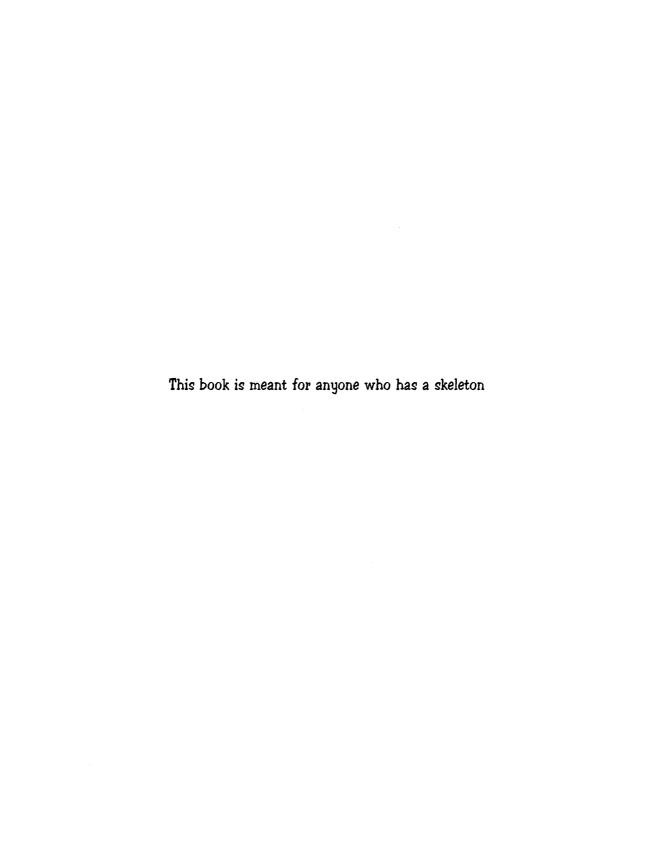
Jean-Pierre Petit, 68, retired (but still producing scientific works) is an astrophysicist specializing in theoretical cosmology. He spent 29 years in the Observatory of Marseille and wrote 32 books. Several of these have been translated into other languages, eight languages in all.

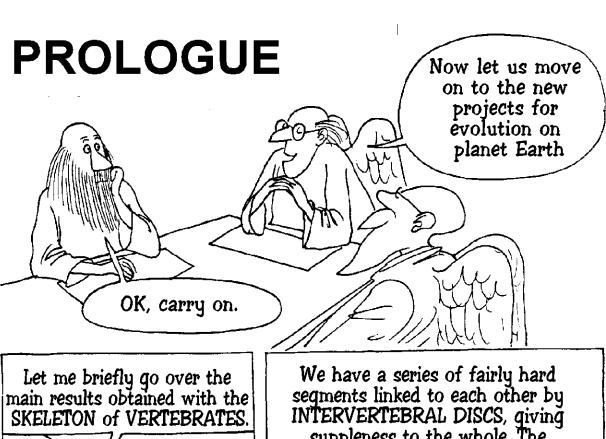
To find out more, visit his website

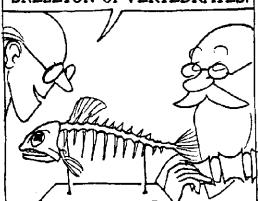
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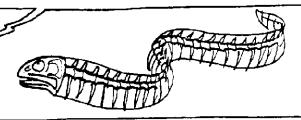


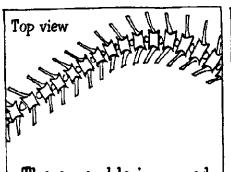




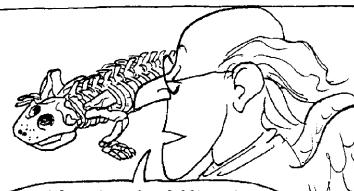
INTERVERTEBRAL DISCS, giving suppleness to the whole. The addition of the unitary flexions gives an important global flexion.

Look at an eel for instance.

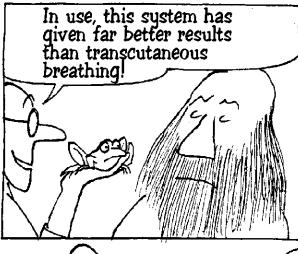


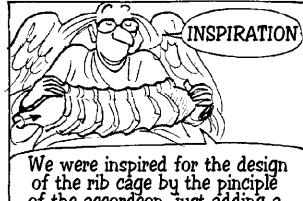


The ensemble is moved by a system of MUSCLES which are attached to bony protuberances called APOPHYSES.



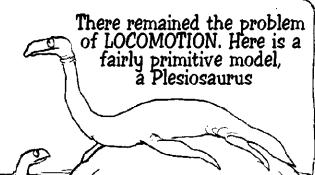
After that, by folding the bones of fish, we were able to create an ARTICULATED RIB CAGE to allows breathing in air.



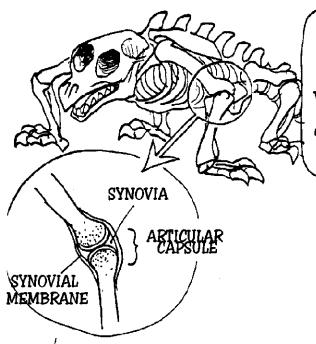


of the rib cage by the pinciple of the accordeon, just adding a muscle, a DIAPHRAGM, at one end.





ARTICULATION



The conquest of dry land couldn't get underway until we had we had created ARTICULATED MEMBERS which were attached to the SPINAL COLUMN through the intermediary of the SHOULDER BLADES in front and the pelvis to the rear



To avoid wear we covered the two bone heads with CARTILAGE, made of other types of cells. This is surrounded by an oily liquid, SYNOVIA, which is secreted on the internal face of an ARTICULAR CAPSULE which ensures impermeability. This capsule is also attached to a system of LIGAMENTS. Cartilage isn't vascularised, but is nourished by IMBIBITION.

A real marvel!

CARTILAGE LUBRICATED
BY SYNOVIA

ARTICULAR CAPSULE

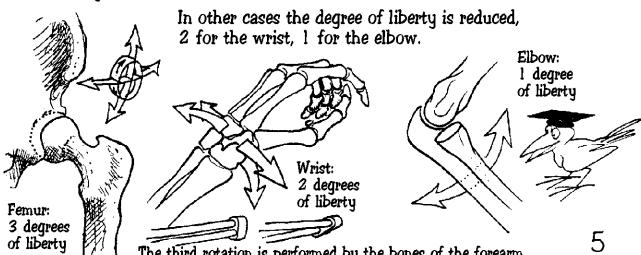
But how does this IMBIBITION phenomen work?

It's simple: When the animal puts its weight on its legs, the synovia is diffused in the cartilage through a simple effect of pressure

when it's at rest or sleeps, the cartilage exudes it, in that way there is an exchange of nourishment

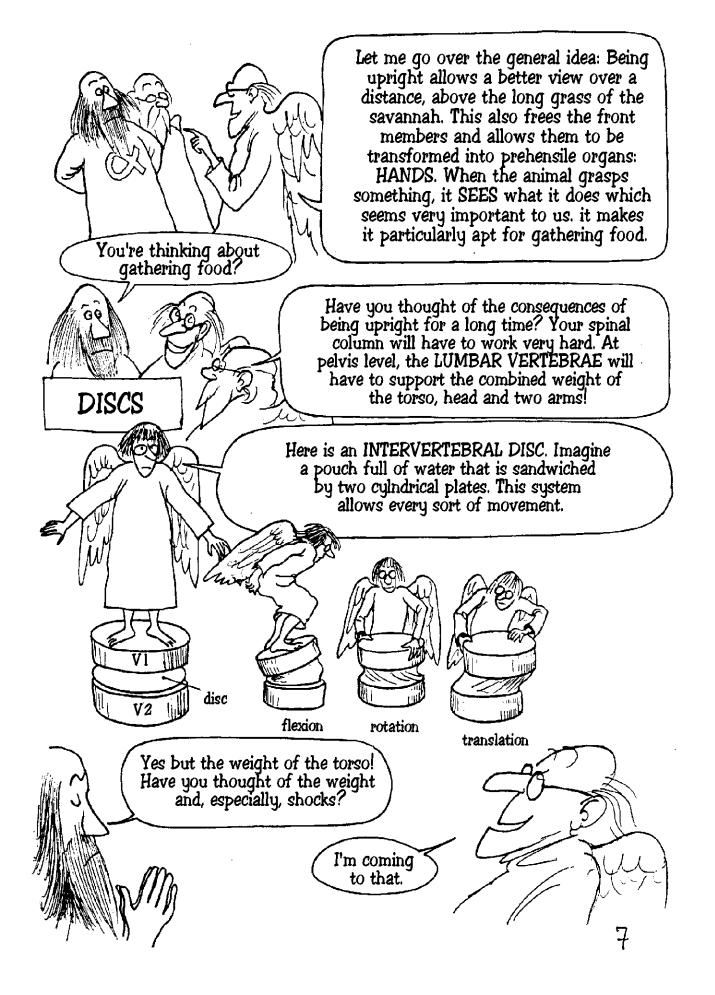


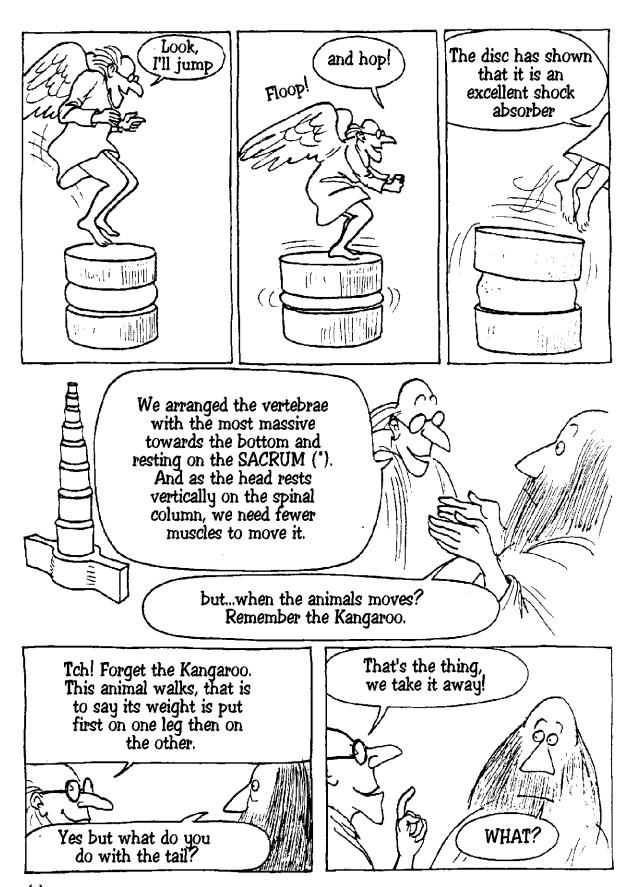
In certain cases one of the extremities of the bone serves as a receptacle for the other, which increases the articulation's solidity but limits its movement (such as the head of the femur).



The third rotation is performed by the bones of the forearm.







The head of a man of 80Kg weighs 3Kg, the upper members 14Kg and the torso 30Kg. A total of 47Kg.

The state of the s

The arms of the Kangaroo and the Tyrannosaurus were too short and too light, so they needed heavy tails to maintain balance when walking or running (*). Here we lengthened and weighted the arms which can then play a role in balance



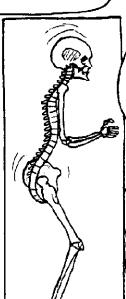
in short, the arms are being used like a tail?!?

But doesn't every step create a brutal shock for this spinal column? After a few kilometres your animal will only be good for the breaker's yard.

There is a way to lessen the shock though, by giving the column CURVEs.





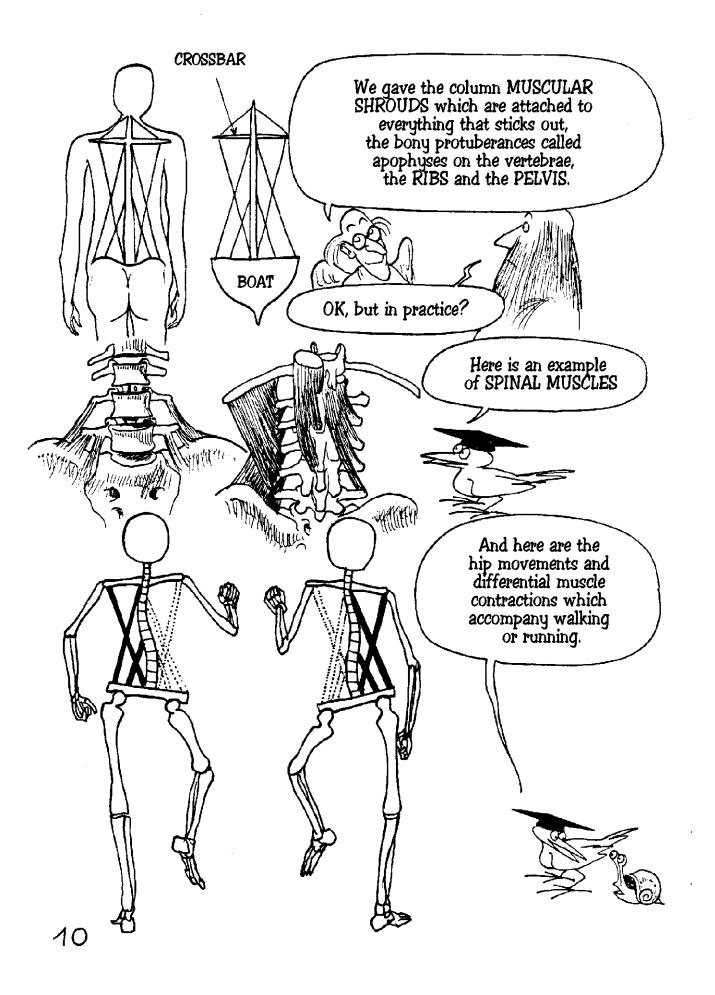


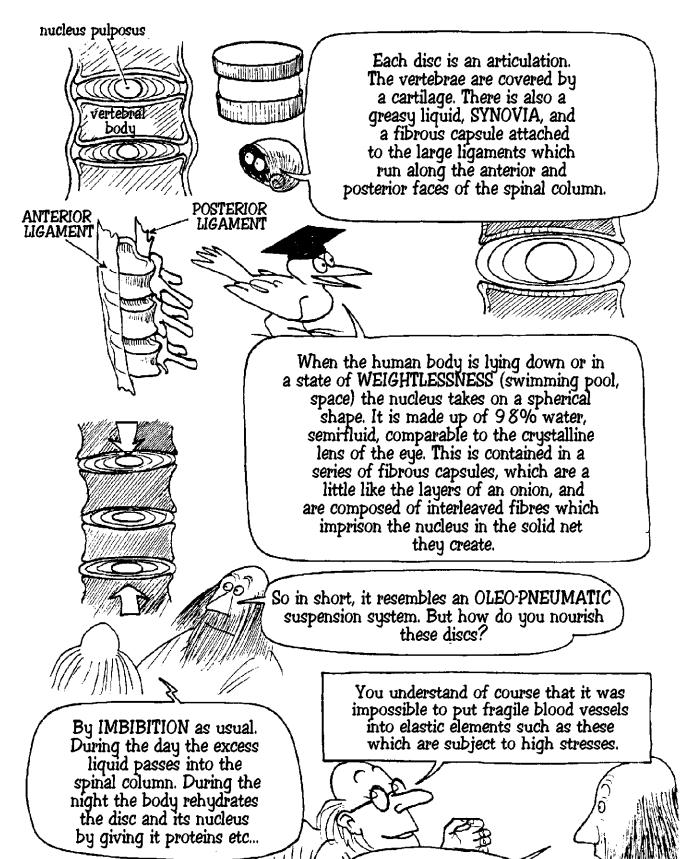
The column needs to be flexible to ensure a harmonious gait.

As I understand it, this system of sinuosities, curves, absorbs shock and delays DISC WEAR. But how do you stop this construction collapsing on itself?

(*) As the African Margouillat running lizard still does today.







That means these creatures have to move all the time!

THE SHOULDER

I'm confronted with a biomechanical problem. You can't imagine what this animal has to be capable of doing with its two arms!

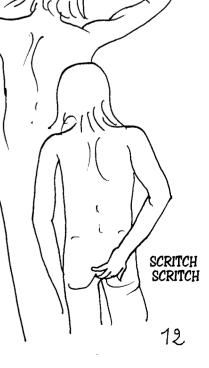


Your thing can't possibly work! You're in favour of modernity but all you've done is put front paws on a horse and you think your animal will be able to climb trees with that!..

SCRONCH ?

In my opinion you'll have to completely redo the geometry of the shoulder blade, make it more mobile by detaching it from the rib cage. A lot of muscles and ligaments need to be added too to allow these new movements

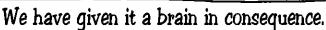




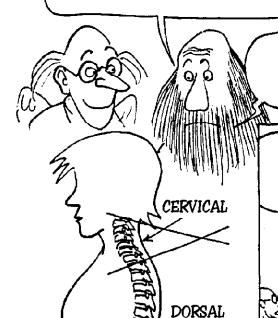
SCRONCH

Well yes, man is definitely not made to be sedentary. If he does become sedentary, his intervertebral cartilage, his discs, will dehydrate and degenerate And I suppose that this animal is intelligent enough to understand that.



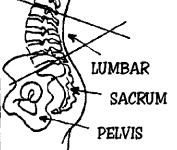


All the same, it seems very much like amateur DIY to me. This column in a zigzag, resting on the SACRUM and capable of tilting between 30 and 45°, do you honestly think it will hold up?



It's a DYNAMIC concept, a question of balance between the force of the ligaments and the stresses imposed on them.

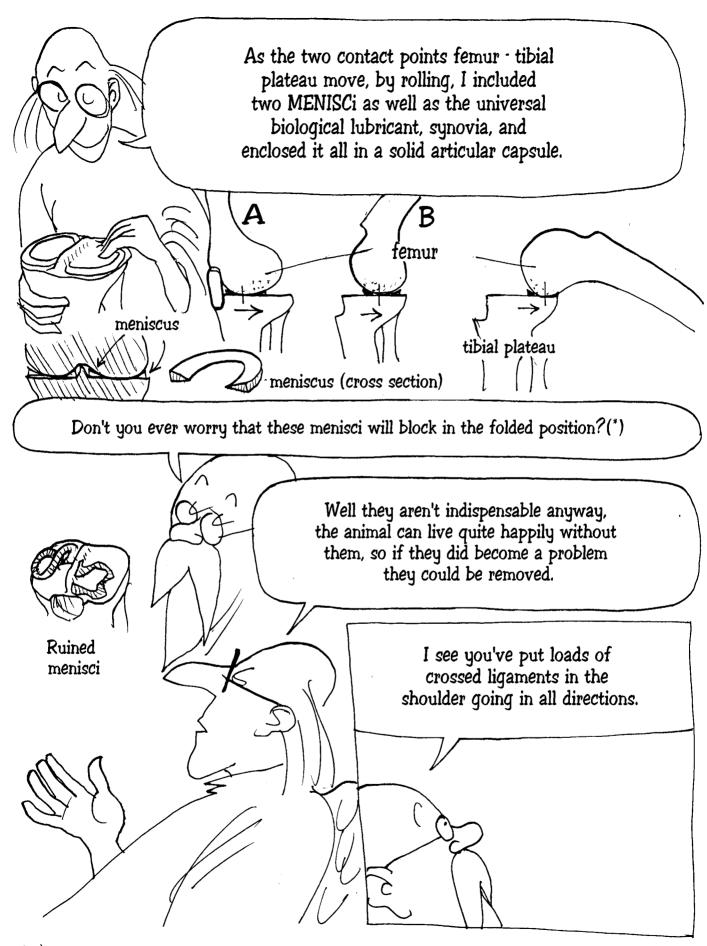
Remember, in the beginning we made superstable but hyperrigid machines which had great difficulty walking, let alone doing it well!



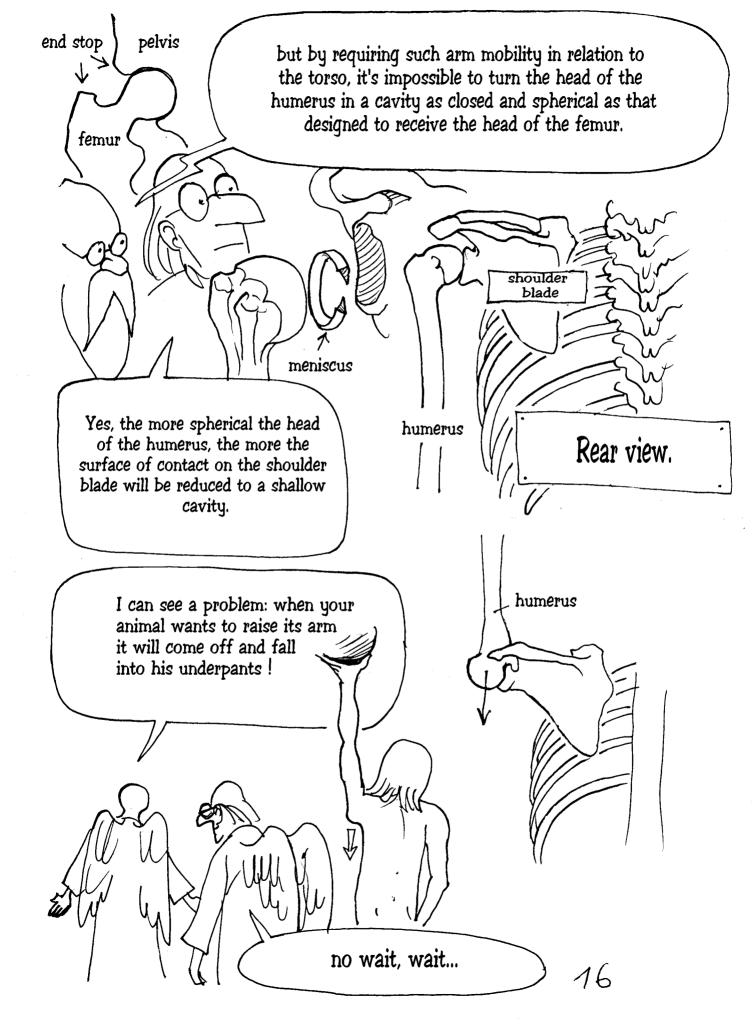
We have to be modern these days!

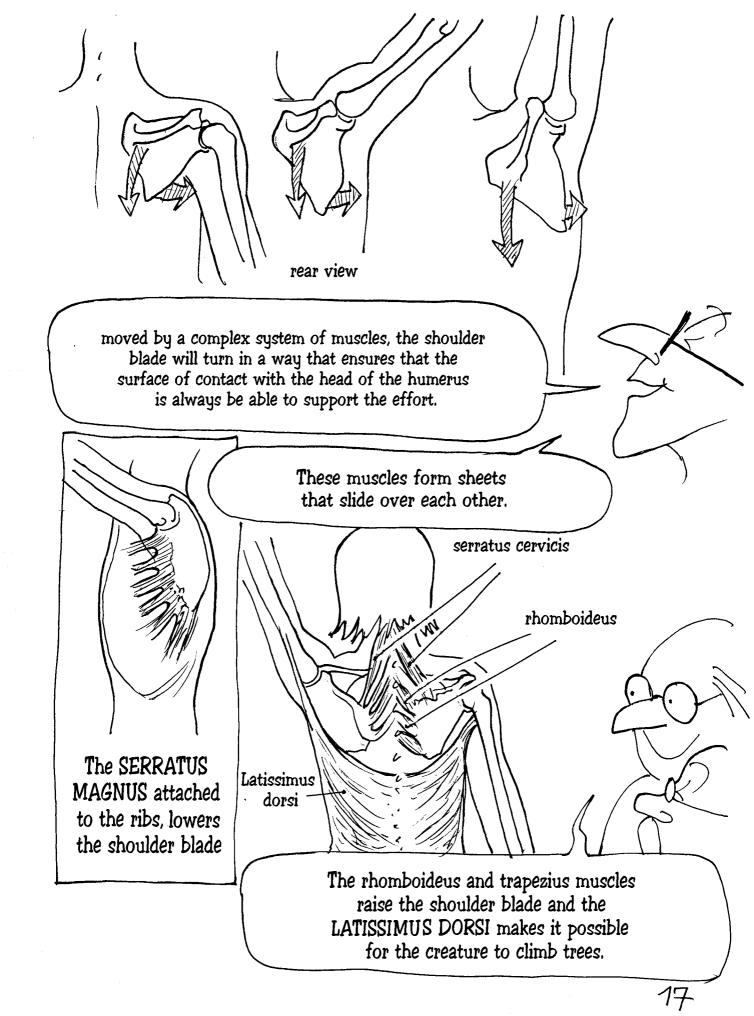


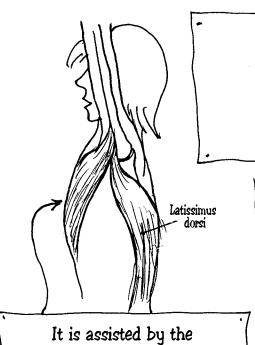




(*) A problem for tilers, who spend too much time on their knees.

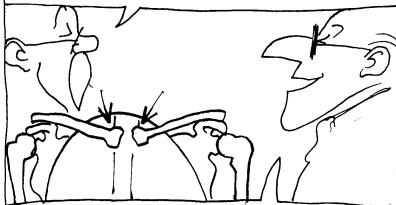






Elephants and horses are poorly equipped on this point (mobility, muscles) which is why they can't climb trees

So in short, your shoulder blade becomes a floating bone in the animal and is just held on by muscles.

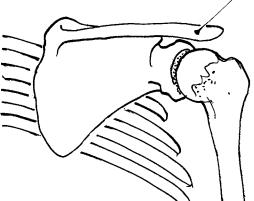


No, there is a fixed point, at the junction of the collar bone and the sternum, the only one though.

The shoulder blade surrounds the rib cage

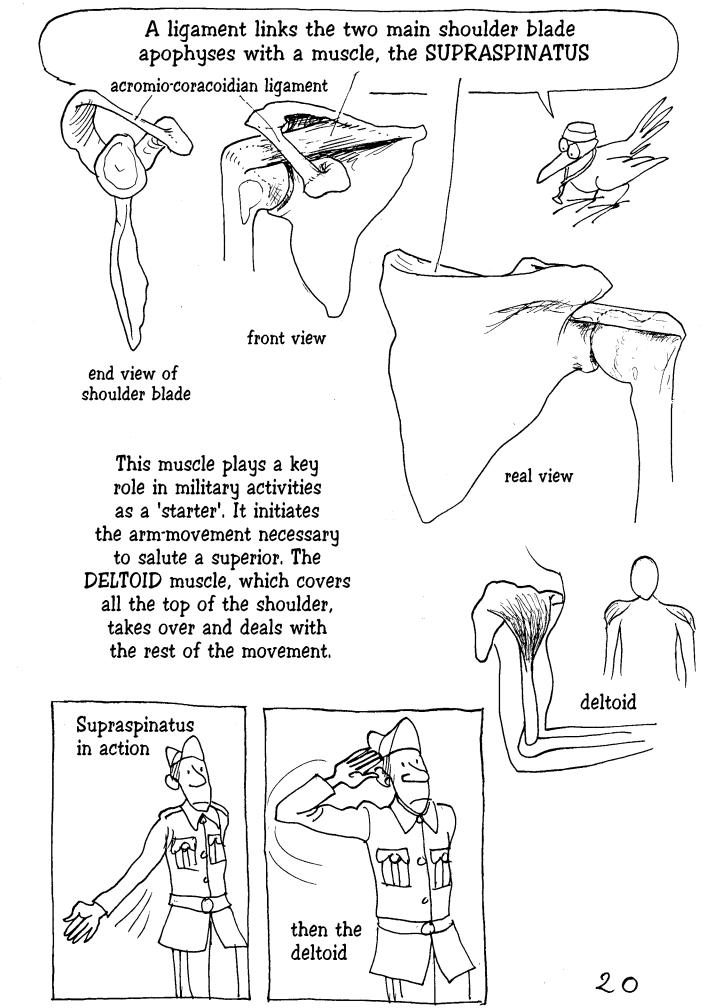
PECTORALIS SUPERFICIALIS

sternum
vertebra
epaulette

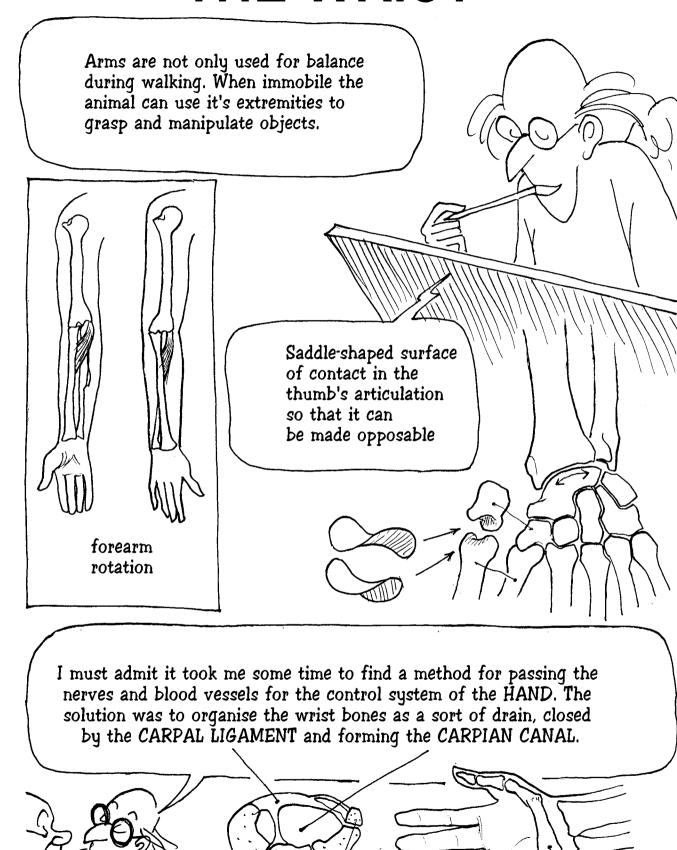


It has several bony protuberances which only make sense when we realise that they are used for attaching muscles.





THE WRIST



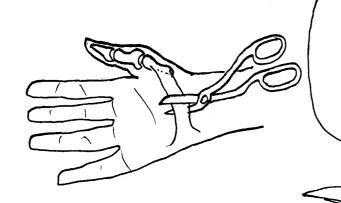
Wrist bones

Carpian ligament

This ligament, which is shaped like a wristwatch, has a tendancy to shrink with age among certain subjects.



this compresses the nerves and can even damage them over time if not operated on quickly. As blood circulates badly, the subject feels numbness in the hands and on they are red and swollen.



The problem can be solved by cutting into the hand, under a local anaesthetic, and then cutting this ligament. The decompression of the nerves gives an impression of a strong electric shock.

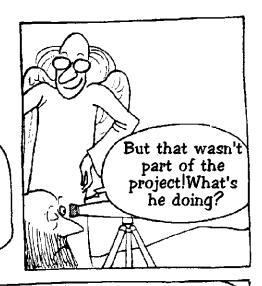
This operation to UNBLOCK THE CARPIAN CANAL is perfectly benign and a few months later the hand has full functionality once more.

MAN

So, how's the project going?



Very well! He is able to gather now. Look, he can grasp apples on trees



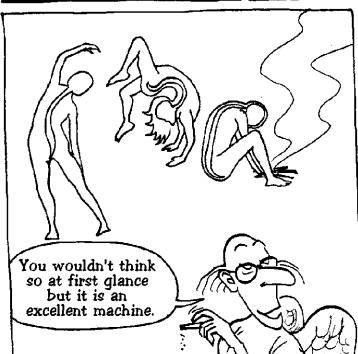


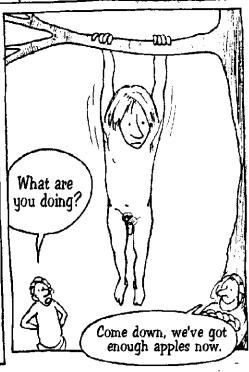
How many are there on top of each other?

I make it four

of course not, the bodies
of vertebrates are very
solid. They can support up
to 500 Kg. As for the
nucleus, that can support
pressures of up to 1400 Kg







SPRAINS

Ouch, blow!

It's swollen and red and it hurts.



He put too much strain on the ligaments that's all. They are highly innervated and irrigated. That's why it hurts.



FEMUR

TIBIA

The swelling (oedema) comes from pressure caused by an accumulation of liquid in the articulatory capsule. This is a defence mechanism to limit articulatory movement. The high inflow of blood causes redness and heat when combined with certain chemical reactions that take place.



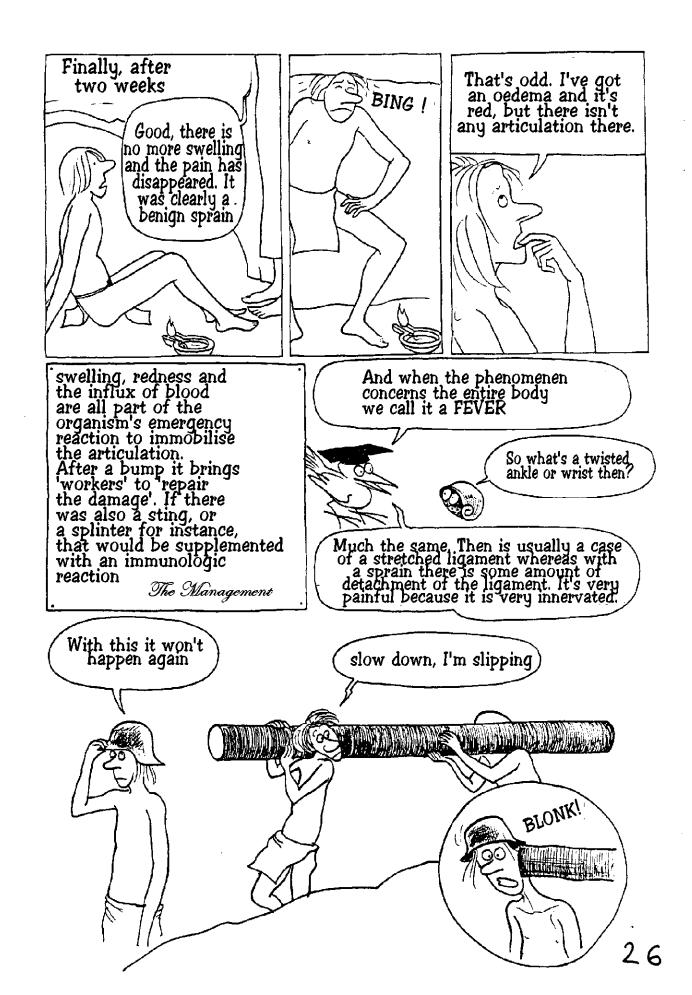
Why does it hurt more during the night?



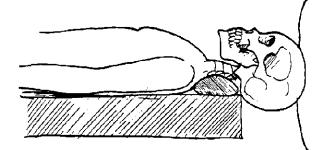
Because the body secretes natural anti-inflammatories whose production rate drops to a minimum when the body is at rest.

but we can also use anti-inflammatory drugs.

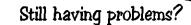








The only way to really rest the head is lie down with it slightly overhanging the end of the bed, so applying a slight traction to the cervical column, and aligned to the body's axis, with all muscles relaxed.





24 hours a day





In the case of a SPRAINED NECK the cervical column can be immobilised with the help of a neck brace to suppress contraction and movement. But as soon as the pain has passed the neck needs to be exercised to avoid muscular atrophy, which happens VERY QUICKLY. After 15 days of unemployment the muscles will have the greatest difficulty holding the head upright.



Cured, the man went back to gathering apples



Blow, no more apples! I'll just have to collect these megapumpkins then?



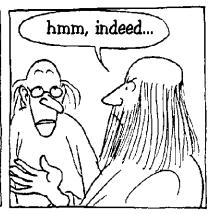


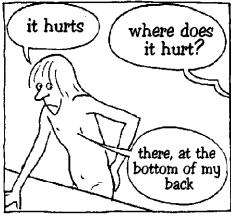
ACUTE LUMBAGO



Master, I think we have another problem with the prototype.







He must have stretched a ligament, which explains the classic cycle, swelling pain, contraction etc...just rest quietly for a while and it will sort itself out.



The medicine made the swelling go down, reducing the pressure in the articular capsule. The pain disappeared.





Even though I rest and take antiinflammatories, every time I move it hurts



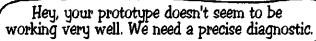


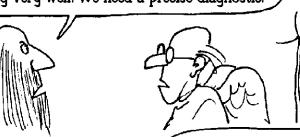




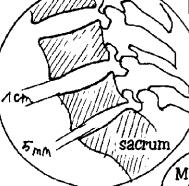
CHRONIC LUMBAGO

Let us look at his vertebra with a SPONDYLOSCOPE (*)



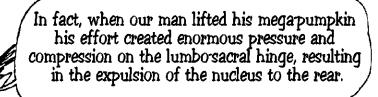


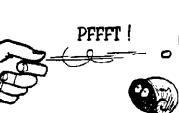
Oh dear!



It looks like there is an compression of two vertebrae in the LUMBO-SACRAL region, the junction between the sacrum and the first lumbar vertebra

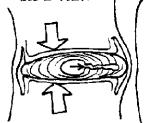
Master, we need to find out exactly what is happening So the disc wasn't such a good idea after all?





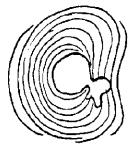
Similar to the way we shoot a cherry stone through our fingers

SIDE VIEW



In principle this displacement should be blocked by the fibrous envelope enclosing the nucleus. This is made up of concentric nets with an extremely small mesh. But violent effort can cause the irreversible rupture of these envelopes and allows the gelatinous, but fluid, nucleus to seep into the fissures.

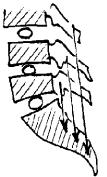
VIEW FROM ABOVE



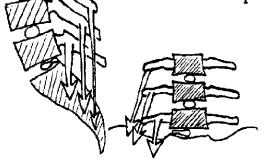


The fissurisation can progressively worsen as a result of repeated efforts but pain is only felt when the nucleus compresses the posterior ligament which is highly innervated.

ANTALGIC ATTITUDE



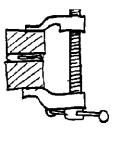
When the vertebral nucleii are in their normal position, the torso juts out a little towards the front so standing requires that the posterior spinal muscles be contracted slightly to counteract it. However when there is a lesion and displacement of a nucleus (as here on the lumbarsacral hinge) the torso juts out further, so that standing still requires a greatly increased contraction of these muscles. As the migration of the nucleus' jelly is never axial, the lateral muscles, which act as 'guy ropes' also tense up.



The Management.

This muscular tension is a REFLEX ACTION, aimed at reducing pain



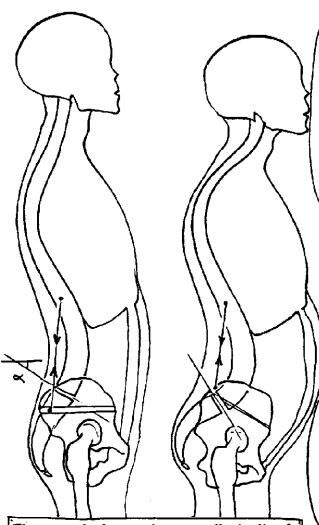




Why is he walking like that?

So that it doesn't hurt.

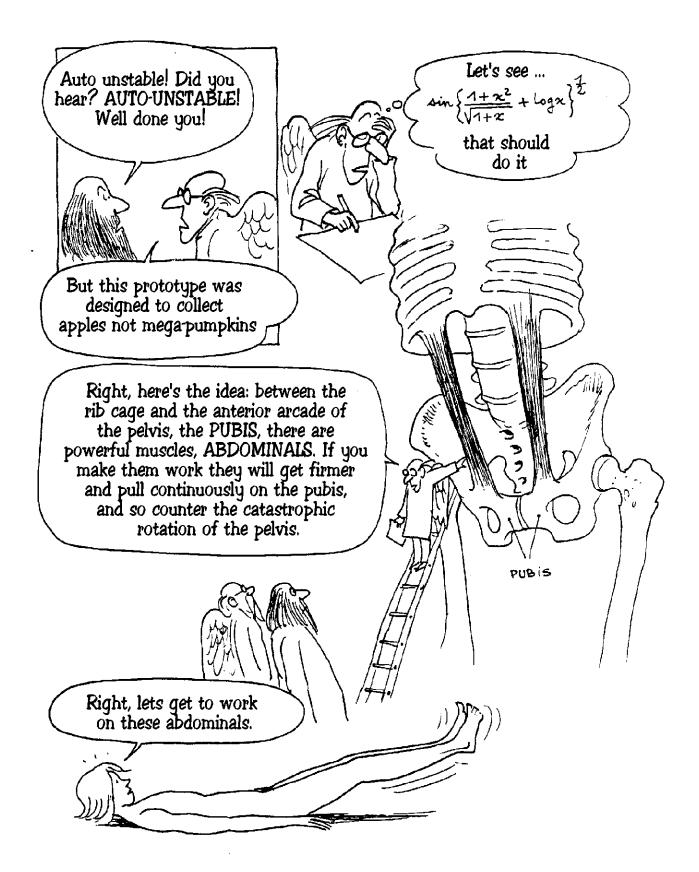
LUMBAR DEFORMATION

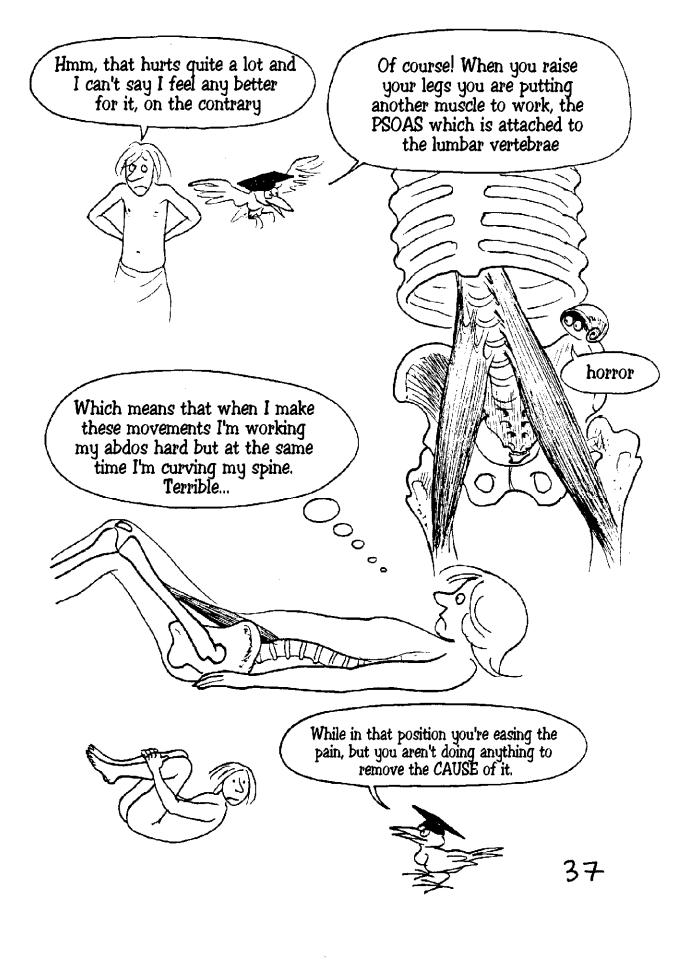


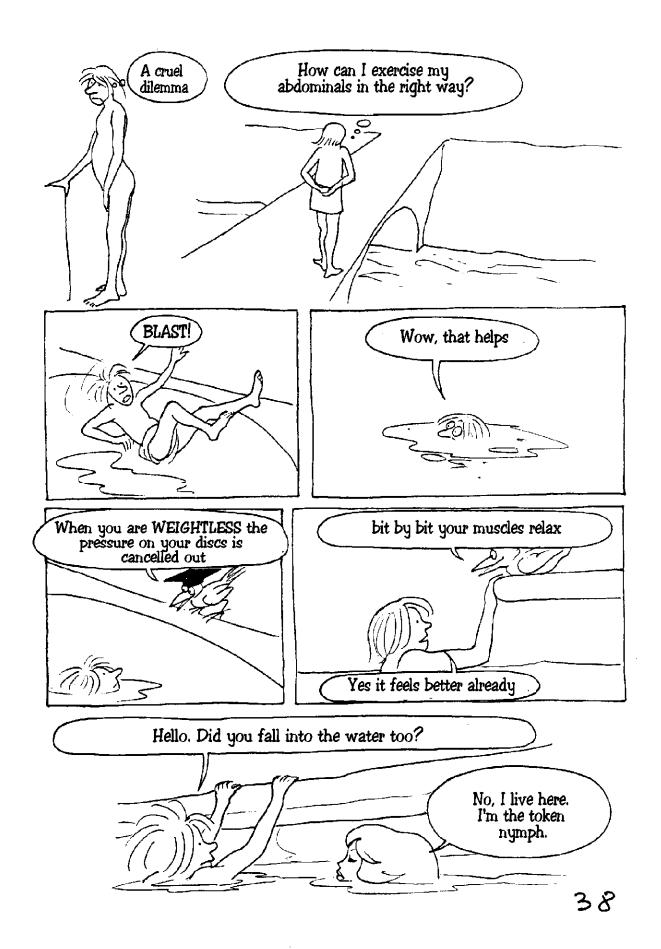
A violent contraction of the muscles holding the spinal column and the bones of the pelvis region will cause both the pelvis and the SACRAL PLATEAU, the surface on which the entire column rests, to ROTATE. This causes an imbalance that will eventually spread to the entire spine.

The angle of the disc provokes contraction which unbalances the spinal column and causes a secondary problem. It's all wonderfully AUTO-UNSTABLE.

The sacral plateau is normally inclined at 30 to 45° from the horizontal (\alpha angle)







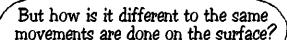
In a situation of WEIGHTLESSNESS we can incite the matter making up the nucleus to reintegrate its usual position. You just have to move your backbone gently in all directions which will create a SUCTION effect

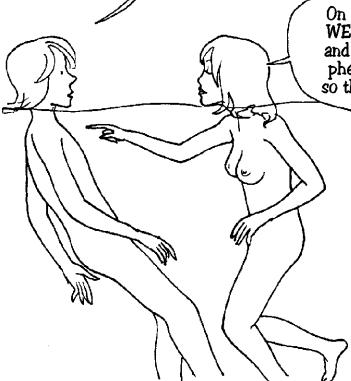


Here, for example, I'm making a TWISTING movement, very slowly and without EVER FORCING. It must remain PAINLESS

Here, by holding on to a ladder, I can stretch out and bring back my legs

AQUAGYM





On the surface, under the effect of WEIGHT, the disks are compressed and the ANTALGIC CONTRACTION phenomenon appears immediately, so these gymnastics have no benefit.

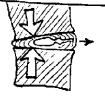


He doesn't seem to realise it though...

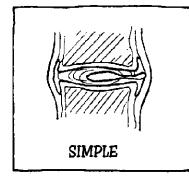
Cured, hooray, I'm cured!
I can start collecting
megapumpkins.

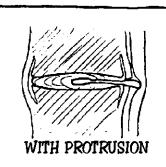


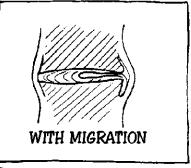
Otherwise your nucleus will be projected towards the rear again and as it's already fissurised, it will go even further this time.

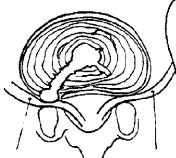


SLIPPED DISCS









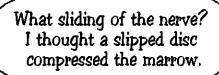
This can cause the jelly of the nucleus to leak outside of the disc itself, in various configurations but which all cause compression of the sciatic nerve, which innervates the legs.

STARBOARD SCIATIC NERVE

PORT SCIATIC NERVE

41





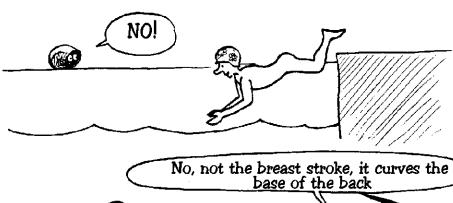
Not in this area, the marrow, the cord, stops further up. At this level there is only a bunch of nerves called the CAUDA EQUINA because it looks like a horse's tail

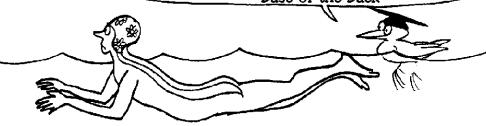


Unless there is the presences of serious sciatica or worrying symptoms of paralysis, in which case a specialist should be consulted URGENTLY, it is worth trying a dozen or so sessions of gymnastics in a weightless situation to see if the situation can be put back to normal. Of course these exercises should not be begun until the pain has abated sufficiently.

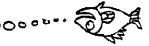
The Management.

Get into the water SLOWLY



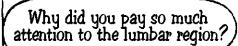


if you swim, swim on your back





in warm water wait at least quarter of an hour for your muscles to relax properly. Do the gym gently without ever forcing, and get out gently afterwards.



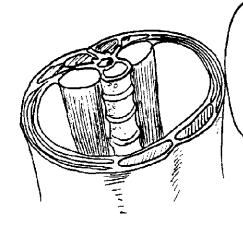


Because it is THE fragile part of the skeleton, where 80% of the trouble comes from.

What are you doing?

Well now that my backbone is looking more or less alright, I've decided to keep it that way by wearing this corset.

THE MUSCULAR CORSET



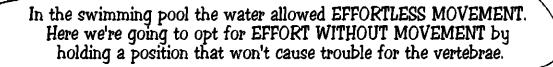
If you do you'll demuscle yourself and become dependent on that silly belt. Why not use the NATURAL CORSET that nature gave you?

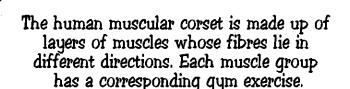


The main effect of pool gymnastics, because done in a WEIGHTLESS situation, was to allow vertebral MOVEMENT, a basic condition for the discs nucleii to reintegrate their positions. Now you need to CONSOLIDATE this precarious structure by strengthening your MUSCULAR CORSET

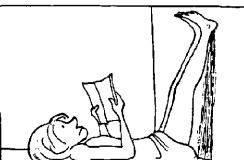
You mean I'll have to go back into blinking swimming pools until I grow scales?

At the point you are at, and given that your spinal column has refound mobility without pain, I don't think that that will be necessary

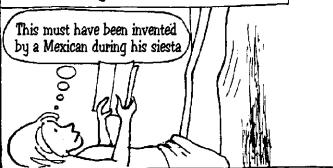




Such as this. With feet resting on the wall the lumbar region is resting flat against the floor.

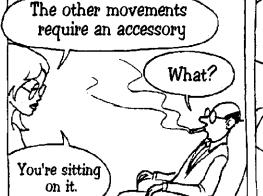


Lift the heels off for a few seconds and then put them back again and so on.

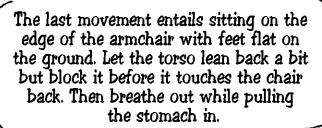


To work the muscles parallel to the spinal column, over the whole length (spinal muscles), lay flat on the floor with a pillow under the stomach so that the spine remains straight (*)





While holding the armrests try to turn your body but stop it at the same time by pressing with your bottom

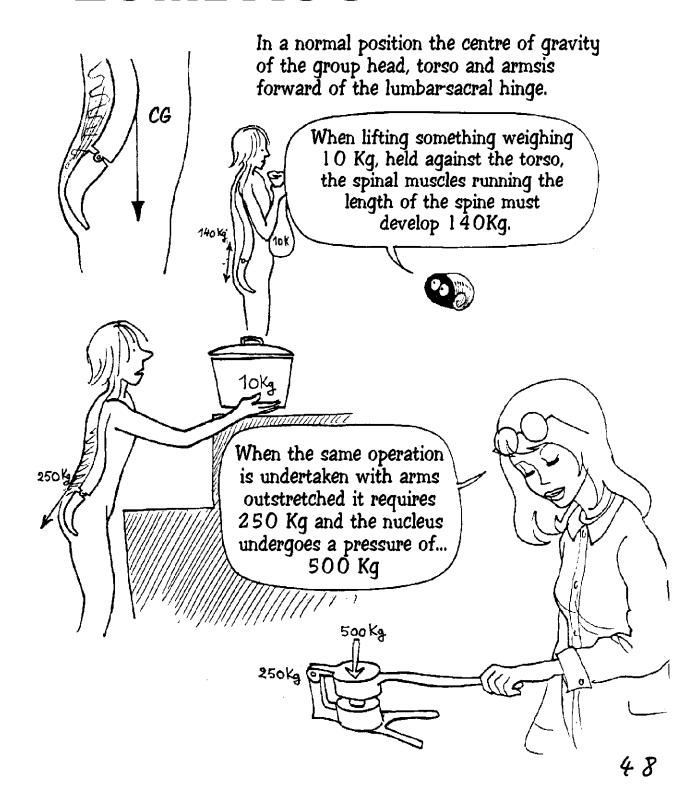




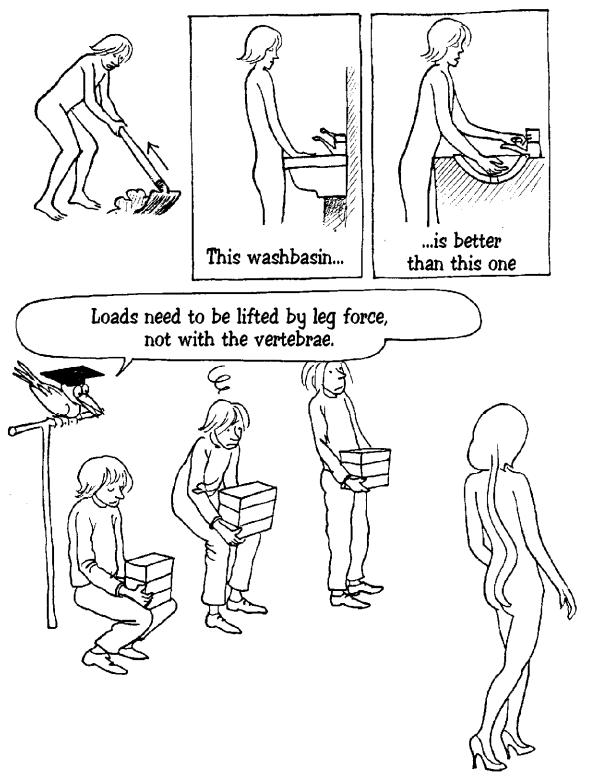
There is a much more natural way of working the abdominals but decency precludes us from presenting it here.



PREVENTING LUMBAGO

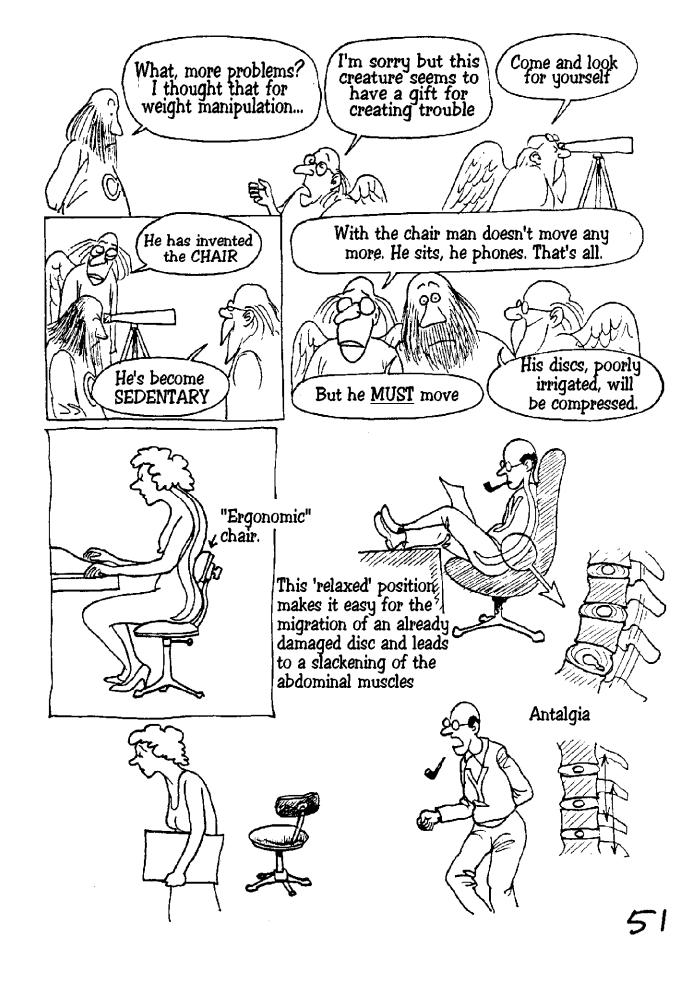


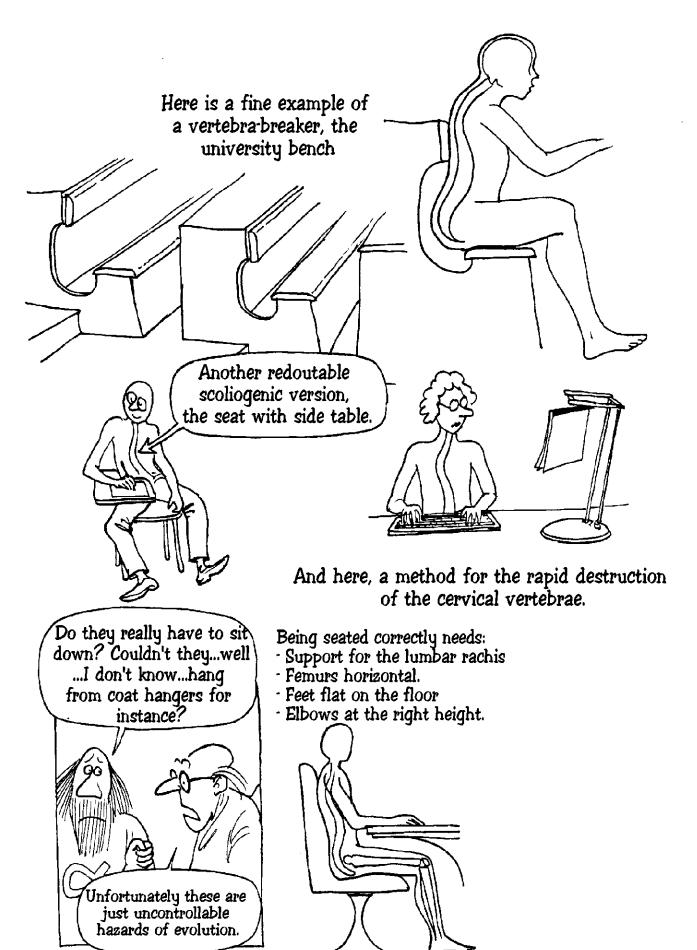
So some movements are FORBIDDEN

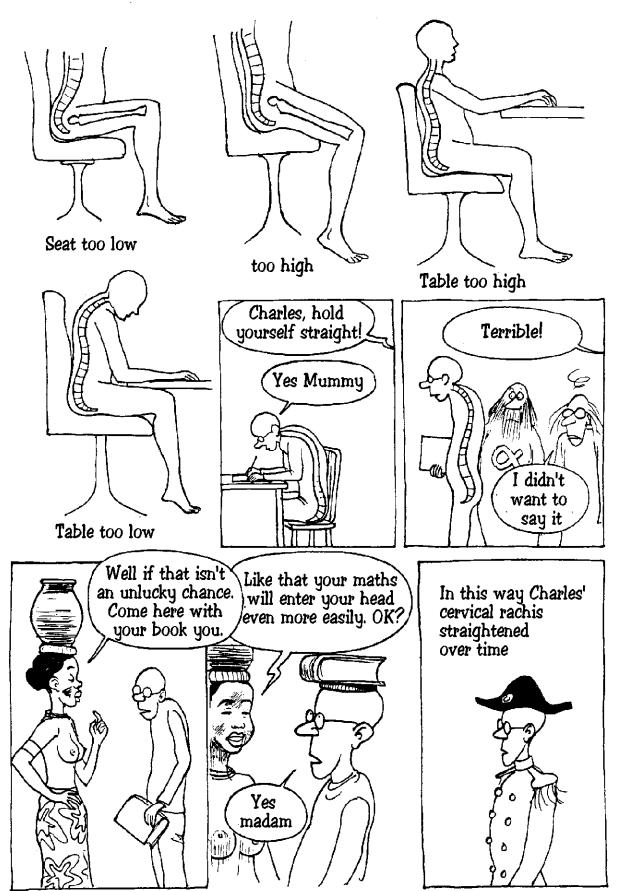


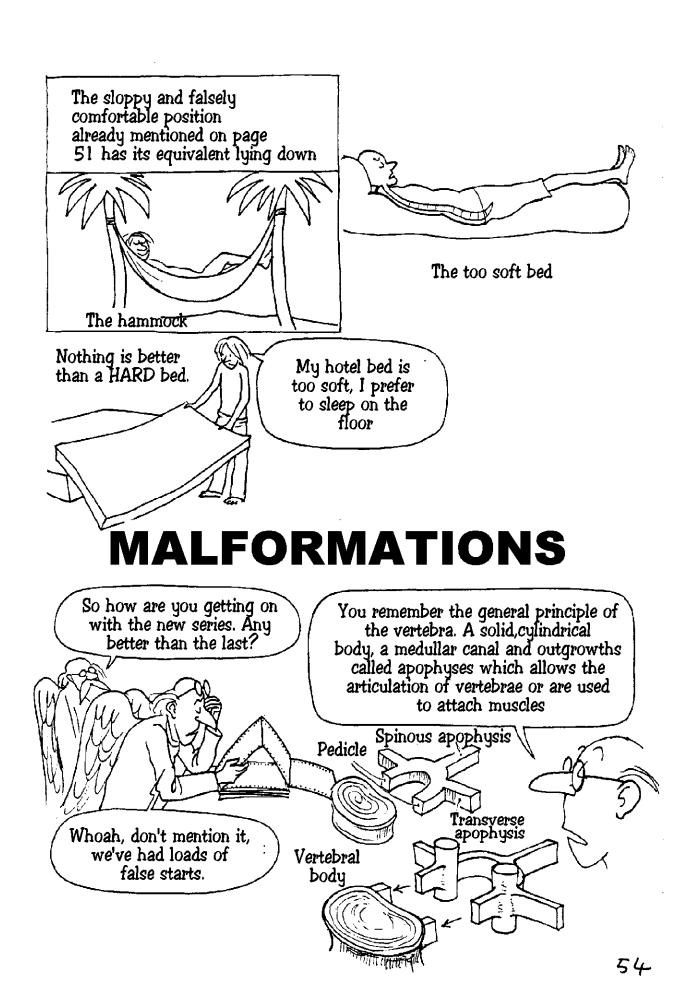
High heels increase the curve of the spine

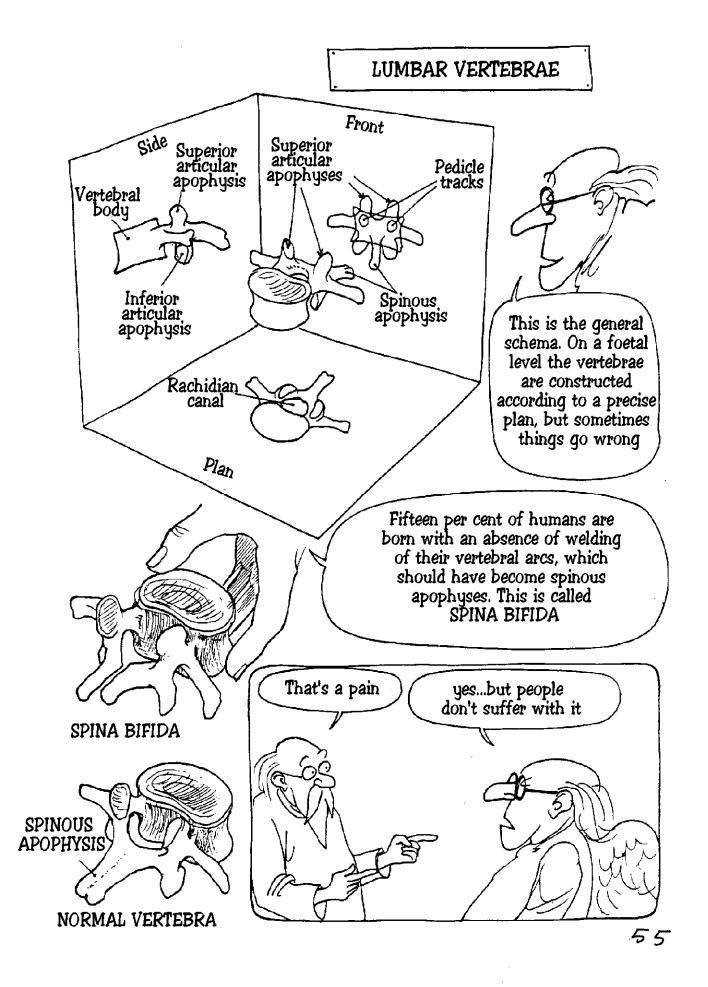












What is a lot more worrying is that the vertebrae are separated by discs but are also articulated on four apophyses which have small articular cushions called MENINSCi between them.

These are like small flat bags and are filled with an

oily substance called SYNOVIA.

At the lumbar level these apophyses behave like locks, each vertebra opposing the movement of the one above

meniscus

Articular

apophyses

But 15% of our subjects are born with boney arcs, called isthmuses, that haven't ossified. So the whole thing only holds up with fibres that are more or less strong according to the case

Non-ossified isthmus

Rupture of the isthmus

SACRUM <

Yes I see. Here the first lumbar vertebra, whose isthmuses haven't ossified, has to support the weight of the spinal column by blocking itself at S on the sacrum. Unfortunately these two parts aren't solidly fixed to each other. The progressive slipping of a vertebra is always possible (*)

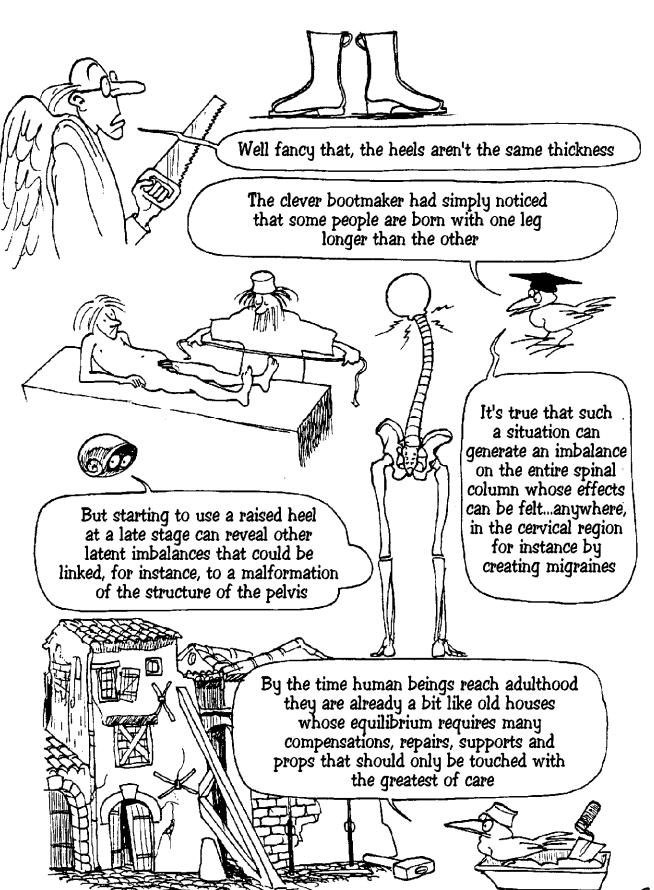
(*) In Greek, Spondylos means vertebra, and Olisthesis means sliding, so the term for a slipped vertebra is SPONDYLOLISTHESIS

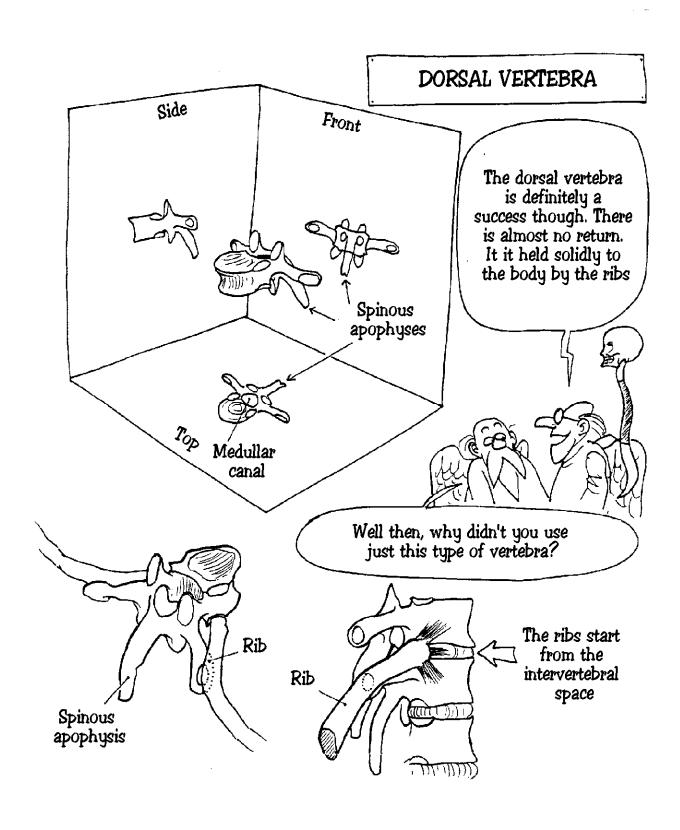
Looked at in a certain way the ensemble of Superior articular apophyses look a bit like the ear, nose and apophysis paw of a small dog, with the pedoncle forming its "eye". If the little dog's "neck" is broken we know that this corresponds to a malformed isthmus. Isthmus Transverse apophysis Inferior Pedicle articular apophysis A brilliant diagnosis, so what does one do in such cases? Nothing, or almost nothing. Fortunately most people never notice, for others it can It can be diagnosed early in reveal itself with age or children, from the age of 10 after a violent shock or 12. We advise them not to become removal men or weightlifters So it makes an extra vertebra... That fellow is standing in a peculiar way don't you think? Ah, that's something else

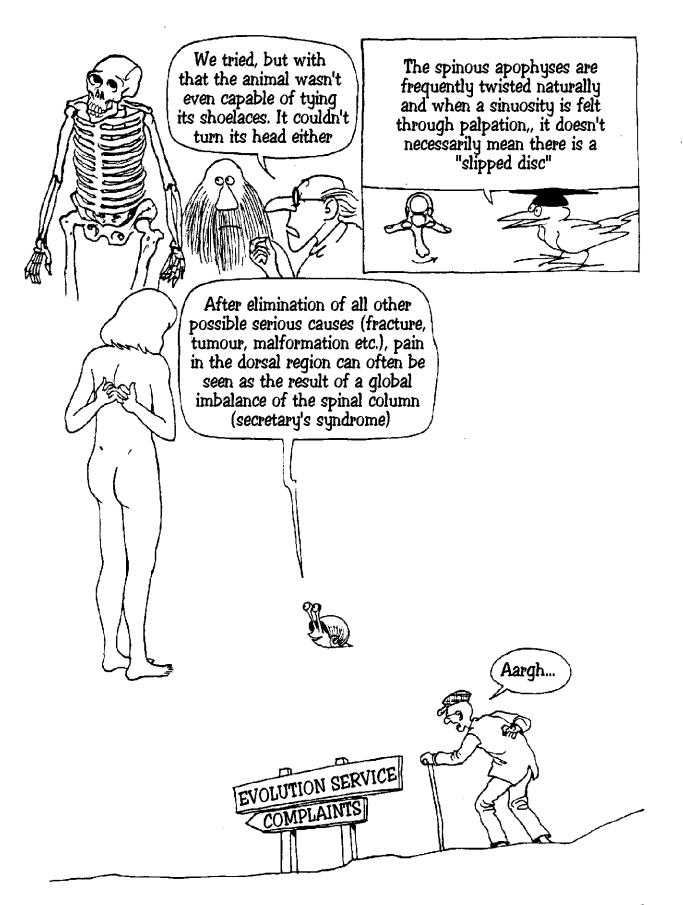




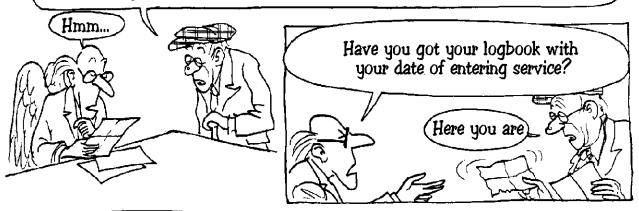
After some effort







I can't understand it, I've always led a healthy and active life without excess. I've been careful with my discs, menisci and joints but look at the terrible state I'm in now!

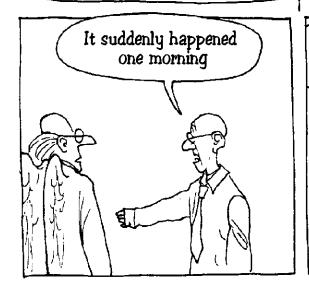


Eh! I'm amazed you can still walk!

ARTHRITIS

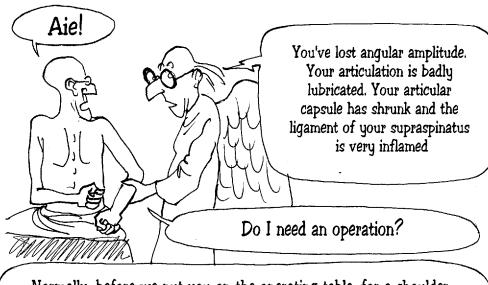
I can't lift this arm anymore though

I've told you over and over again, when you create an animal you have to think about a corresponding predator otherwise this sort of thing happens

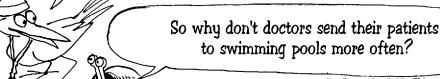


Well according to the X-rays there's nothing wrong, except that one arm is higher than the other



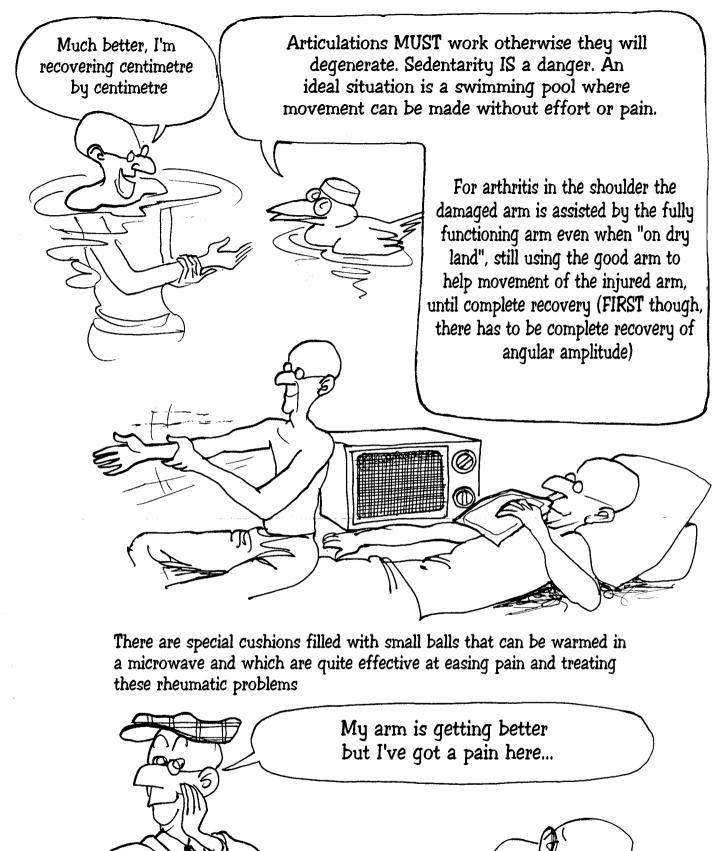


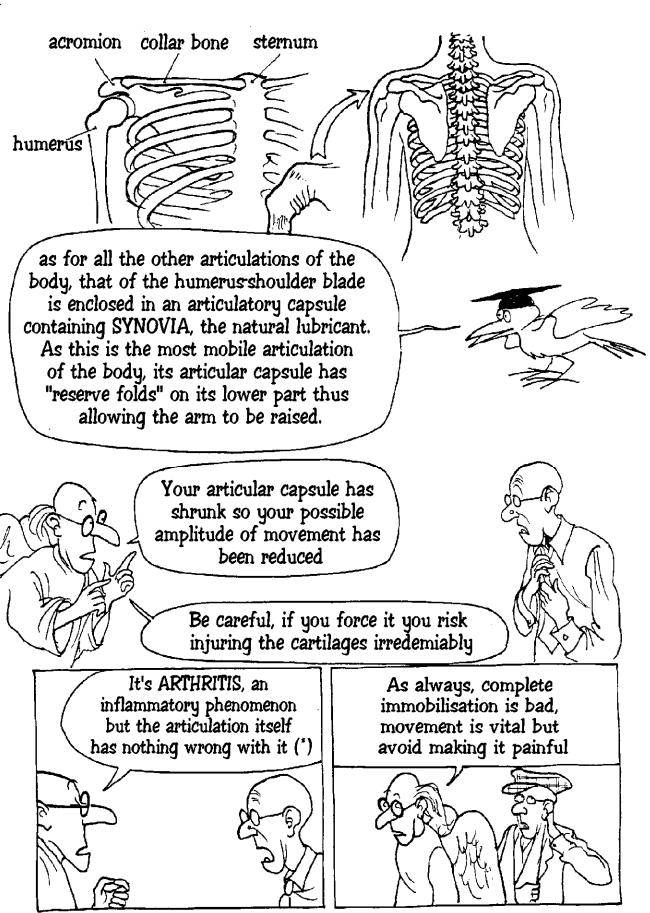
Normally, before we put you on the operating table, for a shoulder, knee or back, we like to see if AQUAGYM can get things back to normal more gently. The human body has great powers of recovery which we often underestimate



Because the triangle "doctorpharmacist physiotherapist"
has to function...the
installation of a swimming pool
is too costly for a physio or
even a group of physios. However
in rheumatology centres recovery
always involves progressive
re-education in a pool

In towns, the SOCIAL SECURITY
system should help town councils
create small annex pools that
are free for injured or old people,
where physiotherapists
and doctors could use these
techniques freely with their
patients. Everybody
would gain.

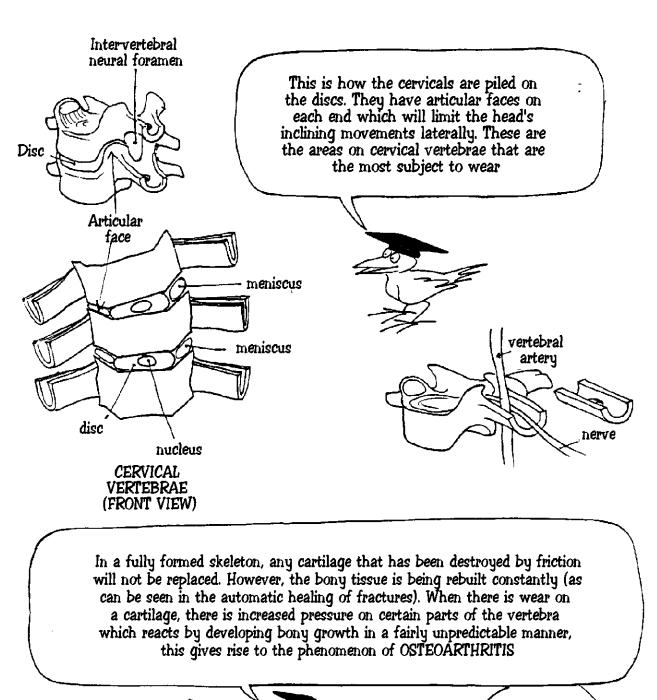


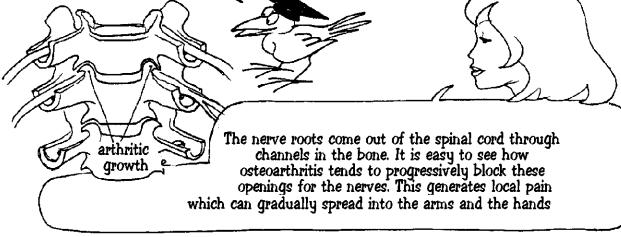


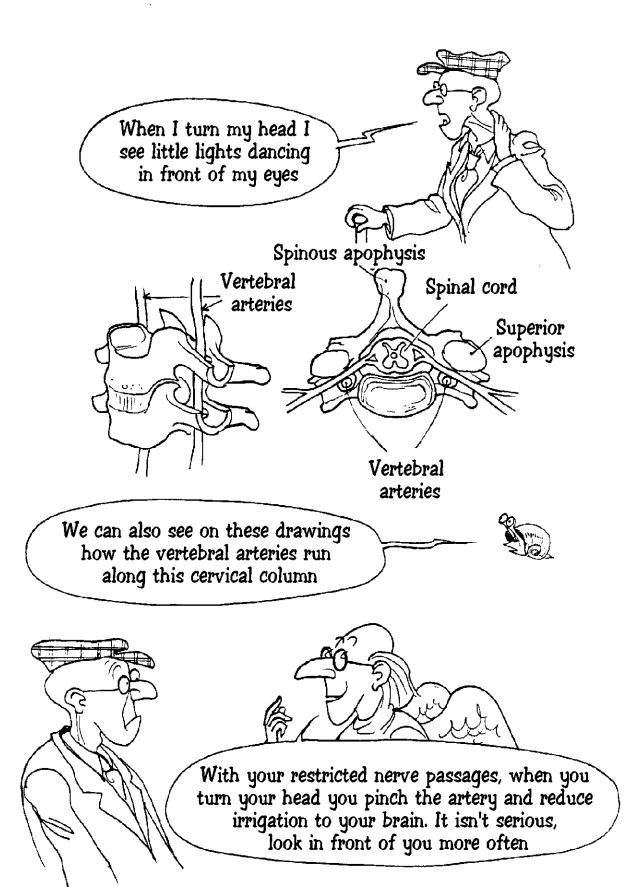
(*) It's called scapulo-humeral periarthritis and is frequent after the age of 50, especially among women.

OSTEOARTHRITIS





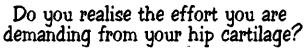


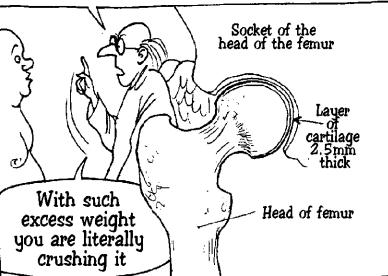










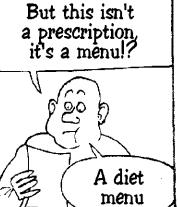


Well I thought that you might have some medicine to strengthen my cartilages

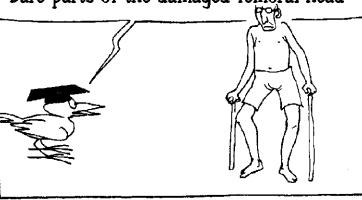


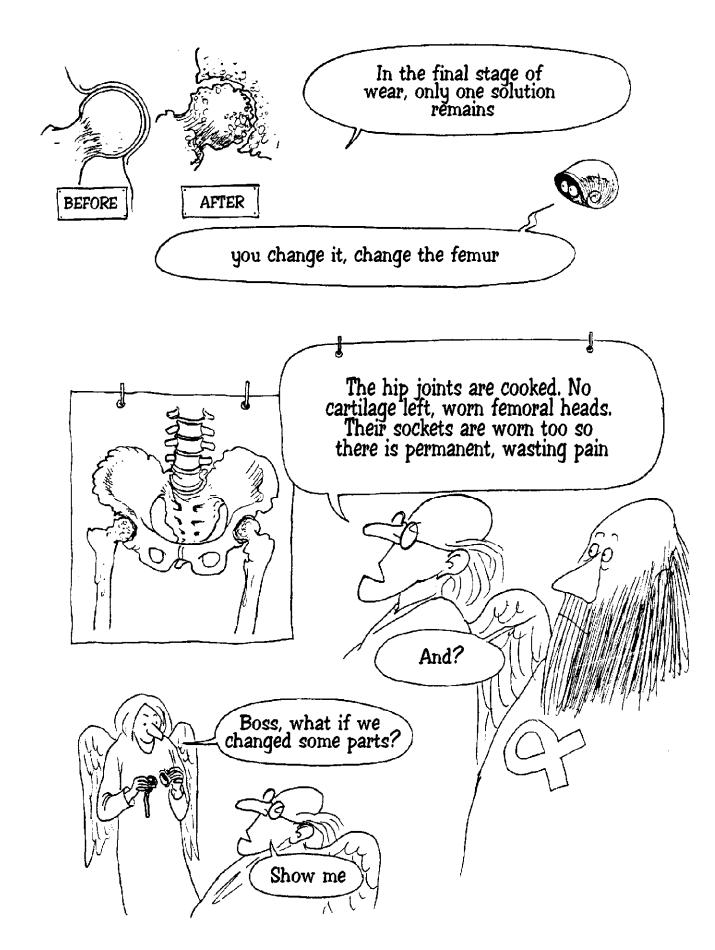


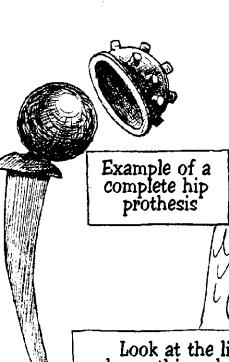




Cartilage disappears in various places due to wear and the subject adopts a particular attitude in order to ease the pressure on the bare parts of the damaged femoral head







It's the only intervention on the articulation that completely removes the pain and gives acceptable mobility to the hip and allows almost normal activity for the patient

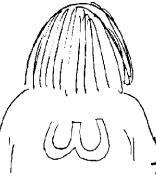
Look at the little old man of earlier. We couldn't do anything about his neck, his back or his shoulder but I changed both femoral heads and now he doesn't stop riding his bike.



In short, he's as good as new He got up the day after the hardware had been put in and the ligaments sutured and found good articular mobility. In the beginning though he had to avoid situations where a simple wrong movement could have caused the luxation of his prothesis







EPILOGUE



Six months later...



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