

## SYT™ Author's BACK X-ray

I have had this lower L4-L5 back vertebra displacement since early high school teens. This condition caused me to receive a [1-Y draft deferment](#) in 1969 during Vietnam War.

I eventually had "minor back decompression surgery" in 1997, which greatly reduced the sciatic pain. I had to quit playing tennis; but was able to continue playing golf and realized how important it was to find a bio-mechanically sound and fluid golf swing.

The more simple and sound my golf swing became, the better my back felt practicing on a driving range or playing a full round of golf.

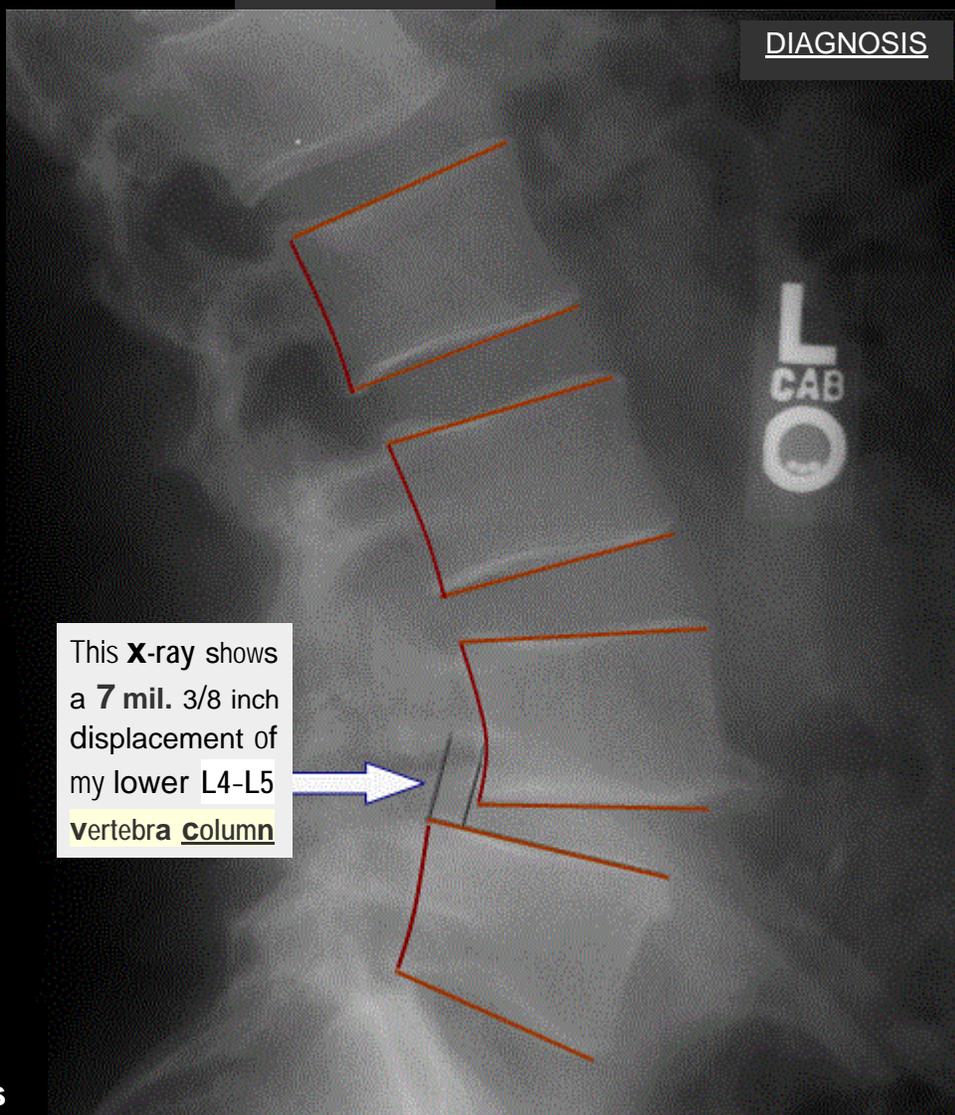
Over the years I learned that swinging a golf club properly actually helped to exercise my lower back in a very low stress and positive way.

See body [ROTATION](#)  
its critical in all sports

*spondylolisthesis*

DIAGNOSIS

This X-ray shows a 7 mil. 3/8 inch displacement of my lower L4-L5 vertebra column

See [Golf Biomechanics](#)

I initially sustained this back injury playing High School football 1963. For years, I only experienced annoying lower back pain, but was still able to play many sports including: tennis, golf, and snow skiing. The sciatic nerves begin to exit from our spinal core (L4-L5-S1 vertebra region) and are the brain's main connection to use and control of our lower torso and legs. Later, after many years of playing tennis, golf, and snow skiing, my L4-L5 vertebra shifted further, and began causing severe sciatic shooting pain down left leg.

In 1997 this neurosurgeon Dr. Greg Bailey, performed the basic procedure called "micro-decompression" to remove bone spurs and vertebra materials rubbing against the nerves coming out of my spinal cord in the lower L4-L5 vertebra back region. This procedure did not totally eliminate my sciatic problem, but I was able to fully resume normal life activities including playing golf and snow skiing. However, I can not play tennis or walk on hard surfaces for lengthy periods of time. For over 15 years now, I have been able to play golf, snow ski, etc. - JF Jaeger

Thank you... [Dr Gregory Bailey](#) [click here](#) for micro disc surgery

## author's BACK Diagnosis

P.O. BOX 1065  
CHESTERFIELD, MISSOURI 63003-1065

PATIENT: Jaeger, James

REFERRED BY: YHC/Berman

DATE OF EXAMINATION: 6-6-97

I.D. #: Not Provided

STUDY: Lumbar Series, 3 view (AP, Lateral, Ferguson)

The radiographic examination demonstrates the sacrum and pelvis unlevel, low on the right. There is a compensatory dextroconvexity extending from the sacrum cephalad to and including L2. The apex is at L4. The T12 ribs are hypoplastic bilaterally. There is loss of disc height with hypertrophic change at L4/5. There is also a 14.9% anterolisthesis of L4 on L5. There is a lucent tubular line through the pars at L4 seen on the lateral. Furthermore, there are loss of joint spaces, subchondral sclerotic changes, and remodeling changes of the apophyseal joints at L4/5 and L5/S1 bilaterally. There is also an irregular lucent line through the distal segment of the sacrum with sclerotic borders seen on the lateral lumbar view. There is an approximately 10° posterior angulation of the distal segment of the sacrum and coccyx. There is subchondral sclerosing, joint space loss and irregularity of the left lower sacroiliac joint. There is a small round calcification in the anterior pelvis which is most likely ingested material in the bowel. There is calcification of the abdominal aorta.

- IMPRESSION:
1. 14.9% DEGENERATIVE SPONDYLOLISTHESIS OF L4 ON L5.
  2. DISCOGENIC SPONDYLOSIS AT L4/5.
  3. BILATERAL APOPHYSEAL JOINT ARTHROSIS AT L4/5 AND L5/S1.
  4. RIGHT SACROILIAC JOINT OSTEOARTHRITIS.
  5. OLD UNUNITED FRACTURE OF THE DISTAL SACRUM.  
CLINICAL CORRELATION IS ADVISED.
  6. ATHERSCLEROTIC DISEASE.
  7. POSTURAL SUBLUXATIONS AS DESCRIBED ABOVE.

NWK:WWA:elc  
June 9, 1997

WILLIAM W. ATHERTON, D.C. ✓  
NORMAN W. KETTNER, D.C., DACBR