

Down the Spinal Canal: From Herniation to Rupture

by John Glick

The continuing saga of a potter's adventure in body awareness, and a report on my experiences post op after a successful herniated disc operation in 1991.

AUTHOR'S NOTE:

I strongly urge anyone reading this article to stop reading right now and go online in your computer to the excellent STUDIO POTTER website (<http://www.StudioPotter.org>) and navigate to the section on Articles and then to Health and Safety and read my article from Volume 15 Number 2, 1987, "To Sciatica and Back, a Potter's Journey." It is crucial to seeing the process of one man's journey through pain, denial, dawning awareness. Then, finally, to read in the context of this article the acceptance of the necessity of what I believe was/is the classic lumbar operation.

In the first article, I tell the story of what at the time of writing seemed to have been a successful intervention involving extensive physical therapy and new work postures connected to the use of the potter's wheel in a standing orientation, and car kilns for relatively easy loading and, of course, light-weight kiln shelves (nitride-bonded silicon carbide). In fact, through a better body awareness coupled with the beginnings of an exercise program and the mentioned changes in studio practice, I did manage to work about two-and-a-half more years. By that time, in late 1990, the accumulated damage to the 4-5 lumbar disk reacting to twenty-six years of the too-often "heroic" physical life of a potter finally forced me to have to take decisive action in the form of the 4-5 disc operation. The stages of decision-making came slowly. Perhaps they are similar to your own story.

Susie, my wife, will testify that the dominant mind-set of that period of my life involved denial. I must have believed that I could beat this thing that wasn't really there in my back. Or that, if I wanted it hard enough, that I could, through the same diligence lavished on my potting work, make physical therapy and my reformed studio self cure my injury. I was working in pain for many months and wanting it all to go away. It did not.

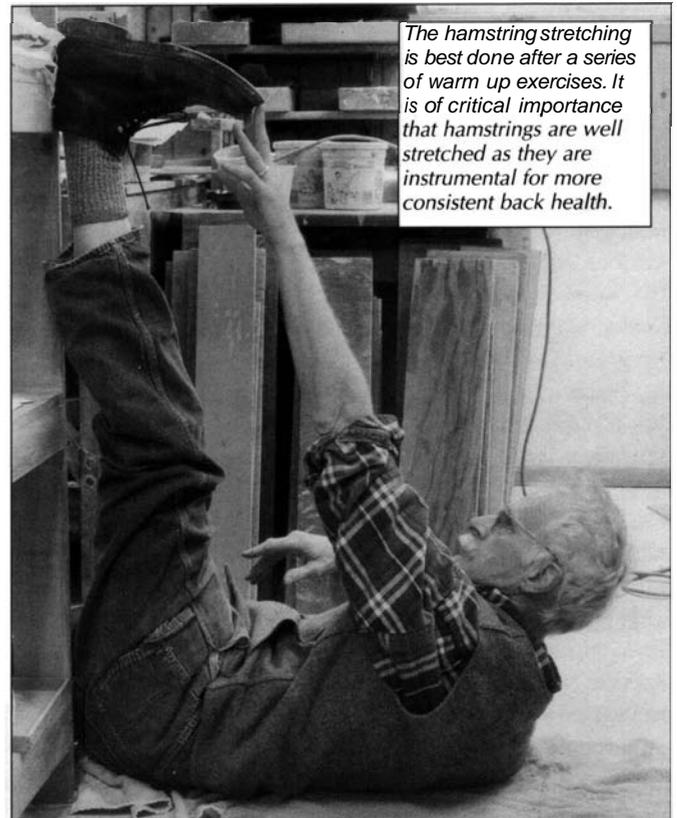
TAKING THE PLUNGE

Fact #1: In 1991 I underwent one of the more unusual years in my life as a potter. I didn't work in the studio for the nearly nine months involving extensive testing, the pre-op phase, the actual surgery, the post-op recovery phase and the eventual slow return to work, because I simply could not! I was simply in too much pain. Looking around at a few colleagues who had chosen to brave it out at any cost and avoid surgery further convinced me to move ahead. I saw one case where years of putting up with lumbar pain had permanently damaged the person's leg nerve health, resulting in a limp and loss of that person's *proprioceptive sense* (the body's awareness that allows one to know where one's limbs – or legs in this sense – are,

so that tripping becomes a common fact of life). In the case of one's nerve health, ignorance combined with stubbornness is clearly not the road to bliss! Looking back (in the metaphor), this whole thing about putting off the reality was such a lesson in my own human nature. Finally, I just got tired out and moved on to the logical conclusion. **Fact #2:** That same year was, amazingly, the highest income-earning year up to that time in the history of my studio! Rather ironic that one of the concerns that continually plagued my thoughts in those difficult months was, naturally, money. How could this productive guy make it if he had to stop potting for an unknown period of time? Somehow, my natural proclivity to have lots of pots on the go – well, it simply "paid off" in practical terms, thank goodness.

TIMELINE: SPRING 1991

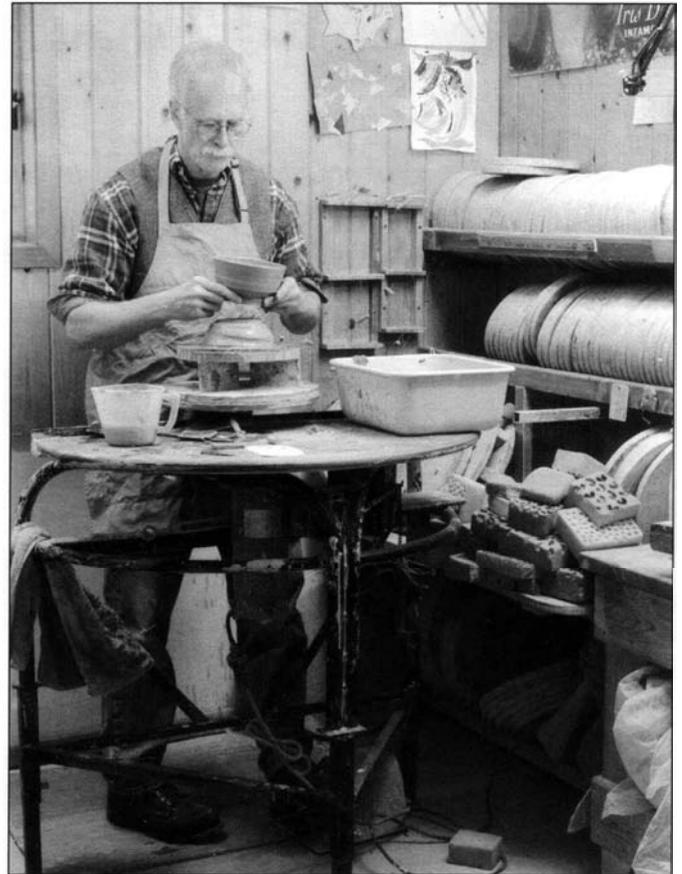
CAT scans, MRIs and nerve testing by a neurosurgeon to determine extent of damage and feasibility of a successful outcome.



The hamstring stretching is best done after a series of warm up exercises. It is of critical importance that hamstrings are well stretched as they are instrumental for more consistent back health.



This wheel configuration has served me extremely well for the past eleven years. Note the anti-fatigue mat I am standing on which helps cushion the heels. The foot controller can be moved so either leg can be used and I often shift it daily to rotate leg use. Adjustable support legs in this adaptation of the basic Soldner wheel allow it to be fine tuned to potters of differing statures. While the primary wheel head height is set at forty-five inches from the floor, it is possible to further fine tune height adjustment with the booster bat (shown in the detail above) which is most often used for smaller ware production which often forces one to lean over. Note too, that to limit excessive leaning, all bats are stored at a convenient height to the wheel. Similarly, in the kiln room kiln shelves are stored on elevated platforms.



LAMINECTOMY

What does laminectomy do for your back? Well, in theory, if the materials ejected from the disc or the bulge of a disc are available to the intervention of the surgeon, they are trimmed away, thereby removing the terrible pressure on the nearby sciatic nerve and relieving you of that exquisite pain known as sciatic pain. Then, assuming that a good outcome is achieved, the rehabilitation phase has a chance to achieve some lasting results.

It is important to realize that merely *having* the operation is no guarantee of success. Some surgeries are not successful. The stage is set at this point for one's own taking charge. Future damage can potentially be avoided by a consistent exercise regimen and improved work and living changes.

Post-op: Long-term: Twelve weeks of gradually increased, carefully designed exercise programs by my fine therapist Charles Dorando to retrain and strengthen the torso and back and, especially, the hamstring muscles. The new awareness of a life now more consciously geared to regular exercise came into being slowly. Wait a minute! Don't potters get lots of exercise every day? Well, yes, up to a point. Unfortunately for us, it is too restrictive and repetitive and often involves certain muscle groups while ignoring some critical areas of the body. What are some of the areas of concern? See the section labeled "Body training for the aware potter."

Final consultations with my trusted friend and physical therapist Charles Dorando, where we determined that further physical therapy held little hope of success in light of all the diagnostic findings. It was difficult to move away from the more "normal" touch-based therapies and opt for what felt like a really unknowable option, namely, surgery. Am I glad I did? Deeply.

Countdown to Surgery: I had to wait for my space in surgical rotation—six weeks of inactivity. Read a lot, saw a lot of rented foreign films, and entertained my cat Agnes on my chest, as I was flat on my back on the floor all those weeks! Well, I couldn't work anyway since the pain was too great. Remember, sciatic pain is terrible and debilitating. You cannot overcome severe sciatic pain with sheer will power! I tried, and it's a losing game. That pain will win every time, and it will surely tire you out if you try being a pain hero.

Surgery: Good, highly-skilled neurosurgeon, chief of the back operation division. I joked that he probably did two patients at a time, an ambidextrous fellow!

Early Post Op: Loss of much of old pain, some temporary new pain to accommodate to as swelling in the area of an incision naturally presses on nerves. Slow return to being more mobile and confident. After months of living the cautious life—the careful moves, the avoidant behaviors—I was able to be more natural and easier of gait. No lifting for weeks, though!

HEAD STUFF

What did I really learn from this long journey down the spinal canal? Am I a wiser man? Yep!

Sitting in a neurosurgeon's office waiting room is very educational. I watched and listened. I learned much about my own stubbornness and denial of pain by hearing versions of my own story told over and over by other patients whose personal tales of avoiding care-taking and staying with old, familiar, destructive physical behaviors continued to undermine their health. I determined to change my own patterns of working and living.

Later, I watched other post op patients while at the rehab gym resist their own rehabilitation process, and resolved to embrace my own recovery opportunities. I became very habitual about my exercise routine. Sure I slack off at times, but at year #9 and counting post op, I have never stopped exercising.

My biggest lesson was to accept that it was all up to me and to me alone! I really wanted to continue to be a potter!

THINGS I DO TO PROMOTE CONTINUED BACK HEALTH

Use lumbar pillows: Find a back health store and acquire lumbar pillows to keep in your car, in the home, and to travel with on planes. They come in various sizes and shapes. Your therapist will advise you on particulars.

Remember: Every back health situation is different! Some people need to maintain a more neutral position for the lumbar while others may need hyperextension.

Your mattress: Don't continue to sleep on a sagging mattress! Get advice on the proper firmness, and get the correct one.

Posture: Learn from your therapist what you can do to correct your general posture. I slump, which naturally rounds the lower back and tends to bulge the lower back discs. Bad news to continue in that direction since that is what contributes to further problems.

Back brace and torso belts: We use those Velcro adjustable lumbar/torso support belts readily available in safety equipment catalogues. Get some and use them when you can to offer extra support to the lumbar. Replace them as they age, since the capacity to support diminishes with age (are we talking about people or supports here?)

I have left until the last the two most important aspects of the changes necessary to consider for good back health.

Work place changes: Our studios are our haven and place of joy and play. How could that be bad? We often fall into comfortable habits of work because they have been successful. Why not? We also tend to replicate the patterns of behavior we were taught. Why would our teachers do wrong by us? Sadly, through ignorance, they do!

Potter's wheels: The single most critical mistake we potters make is the use of the low-to-the-ground potter's wheels which require the very postures that promote terri-

ble strain on the lumbar! The seated position, hunched forward and constantly bulging the lumbar discs backward is the main cause of "potter's back" and the harbinger of trouble for all but the fortunate few. We all know potters who claim never to have a twinge of pain. To them, I offer my wishes for continued good fortune. To most of us, I offer my own learning and a hoped-for dawning of awareness.



The strong emphasis on support is critical to lumbar and buttocks. Without this combination of two support points there is a tendency to slip under the lumbar support and lean forward. The forces of centering and throwing are transferred through the body to these supports, so it is critical to use them in combination while throwing, standing upright. A simple arrangement of 1/4 inchbolts allows for adjustment.

When I give workshops, I always ask the members of the audience how many are serious potters, and of that group (who typically spend so much time working at low wheels) who have back problems. The raised hands usually are about thirty percent of the folk there! Of that group, I typically encounter the all too-familiar denial comments: "I could never learn to throw standing up... I make too many tall pots and that wouldn't work for me... I am too old to change..." My exact lines from ten years ago!

Some equipment manufacturers have begun to respond to this new awareness. Options for leg extensions are available. My question is, why don't they stop offering the low models! What we learn on initially molds our work habits for the future. It is a bit like offering unsafe autos and high cholesterol-laden food and then warning that there are dangers there—or saying nothing at all. I believe manufacturers need to take a leadership role in this field and offer much more ergonomically-correct wheels.

Fact: Most of the nine studio assistants who have worked with me since my own transformation to the standing upright-throwing position have stayed with that position in their own studios. I don't offer an option while they are with me. The assistant's wheel is a replica of my standing wheel (an elevated Soldner Professional). These modifications were done in-house with simple angle-iron leg-extensions and appropriate lumbar-padded braces.

BODY TRAINING FOR THE AWARE POTTER

I would recommend finding a sports-oriented physical therapist to help educate you to back health issues. Pay attention to what they say!

Clearly acquaint the therapist with what you do, and carefully show the therapist your work postures and stress factors involved with repetitive work postures issues that can affect your muscles.

This is what I do in my exercise program. It was designed with the guidance of my therapist:

Workouts done in a rehab sports clinic gym:

- Aerobic component: to promote overall fitness. Treadmill, exercise bike and rowing machine. 45 minutes.
- Various back (torso), leg and arm workouts using weight machines to promote muscle strengthening and endurance. The critical awareness about torso strengthening has to do with what the *girdle of muscles* do in the torso to hold the spine erect. If the back and abdominals are not in balance and all strengthened, then the discs are not correctly supported. That is the critical concern: to have this support established so we can work safely and, of course, wisely.
- Leg work. To have a proper harmony it is vital to stretch the hamstring muscles in the legs. The general workout is to promote overall fitness. Realize that in the "old" mode-working seated—one gets some rest while seated.

In the revised mode—working standing—we really need excellent leg vitality and muscle balance. For several years I somehow didn't hear the continual urgings of my therapist that I needed to *keep the hamstrings supple and stretched*. Two years ago, I finally let in the advice and took it to heart. It took me six months of slow stretching to finally achieve the desired flexibility.

I notice far less feeling of being somehow "at risk" now that this has been accomplished.

Do I ever have pain in the lumbar? Very infrequently. If I do, I know to ice-pack it to calm the nerve signals that can start a spasm. Usually, several icings and aspirin (an anti-inflammatory) and a little time will turn things around in one or two days. In general, I work as long and as hard as I ever did. I also work much more aware and avoid foolish lifting with outstretched arms and bent back, which we know ergonomically produces a ten-times magnification of the weight lifted to the lumbar region.

S U M M A R Y

To avoid having to get into the whole issue, work smart from the outset. To all you immortal potters out there, take note. It is worth some small inconveniences and accommodations done now to put in place a lifetime, health-promoting plan for yourself. Later you will thank yourself when you continue to work pain-free.

Learn from another's story. While I have learned a great deal from my trip down the spinal canal, I do not think I want to see others forced to repeat my journey. Rather, take my advice as your potter's tour guide and go ahead and change your studio practices so you can work well and be safe. My tour guide's fee will be my satisfaction in knowing people are working with greater awareness and having long, productive studio lives.

Happy potting!

R E F E R E N C E

For back support belts and pottery-related equipment (dust masks, eye safety items, etc.)

*Conney Safety Products
3202 Latham Drive
P.O. Box 44190
Madison, WI 53744-4190
1-800-356-9100*

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Plumtree Pottery
30435 West 10 Mile Road
Farmington, MI 48336*