

**DECISION MAKING FOR MINIMALLY INVASIVE SPINE
SURGERY**

Faith Perkey

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Decision Making for Minimally Invasive Spine Surgery : Faheem A. Sandhu :

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Spine Surgery: How Surgeons and Patients Make Decisions Together

Decision Making for Minimally Invasive Spine Surgery provides the critical tools needed to determine exactly when, for whom, and why minimally invasive spine.

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The minimally invasive spinal deformity surgery (MISDEF) algorithm was created to provide a framework for rational decision making for surgeons who are.

Sandhu FA, Voyadzis JM, Fessler RG. Decision Making for Minimally Invasive Spine Surgery. Thieme , pages, illustrations.

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Class II Patients in this category have a more dominant back pain component to their chief complaint in addition to their stenosis symptoms Fig. David J.

Instrumentation can be performed via percutaneous or mini-open techniques

In our opinion, Class III deformities cannot be easily corrected minimally invasively because patients with these deformities often require extensive osteotomies. Popular Features.

Fleiss kappa coefficient analysis was used to determine intraobserver and interobserver reliability! With the aging of the US population, adult degenerative scoliosis is increasing in incidence with significant impact on health and disability.