

Peer-reviewed Scientific Publications: The Effects on Patient Treatment

25 chronic low back pain patients with prior “negative” recumbent-only MRIs ... **what percentage showed abnormalities in one or more of the upright positions, and still nothing in their recumbent position?**



What's the clinical relevance?

Each of these 13 patients had surgery and six months later they remained symptom-free

Clinical MRI (2006) “Upright MRI in the Seated Position Increases Insight into Degenerative Disc Disease”

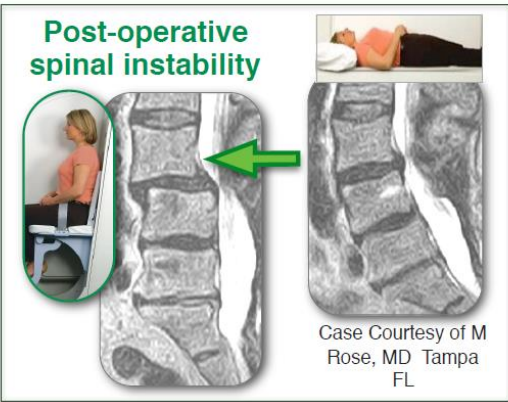
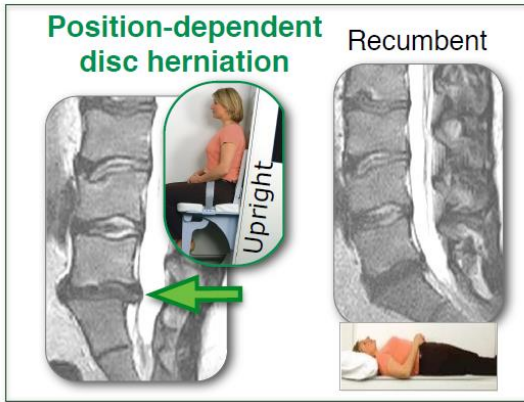


Brain Injury (2010) A study of 1,200 patients with neck pain showed **recumbent MRI underestimates the incidence of herniated cerebellar tonsils**. The incidence of tonsillar herniation in non-traumatic neck pain patients was 5.5% in both recumbent and upright positions, while in whiplash patients, 23.3% examined upright showed herniations, whereas only 9.3% examined recumbent showed this abnormality.

Southern Medical Journal (2004) Neurosurgeons reported that “**when only static supine MRI is performed ... the true abnormality may be overlooked** and inappropriate surgical plans instituted because of a lack of illustration of the changes that occur with movement” in a study of 20 patients with cervical radiculopathy or myelopathy symptoms.

Notice that you need the Upright MRI to see **the pathology highlighted in GREEN**

Clinical Case Studies
Each box compares the same patient in different positions on the same day in the same MRI scanner



The Upright MRI does something clinically valuable that a high-field MRI **cannot** do!