Cervical Spine Research Society

http://www.csrs.org

The Cervical Spine Research Society is a multidisciplinary organization that provides a forum for the exchange of ideas and promotes clinical and basic science research of the cervical spine. The organization values collegial interaction and strong scientific principles.

To provide a wide range of interest, it was felt that the composition of the membership should reflect the varying specialties and disciplines dealing with the cervical spine; biomechanical engineering, neurology, neurosurgery, radiology, orthopedic surgery, and others.

Qualifications for membership were to include demonstration of continued interest in the cervical spine and its related structures.

The organization has developed projects and has continued to grow. The current members are encouraged to seek out individuals, with appropriate interests, for membership to ensure the Society's future.

History

The Cervical Spine Research Society (CSRS) was founded in 1973 in North America by individuals with a clinical and research interest in the cervical spine [1].

Present at the meeting were Edward H. Simmons and Ian McNab of Toronto, Richard Rothman and Henry H. Sherk of Philadelphia, Lee H. Riley, Jr. of Baltimore, Alice L. Garrett of West Haverstraw, New York, and Bernard Jacobs and J. William Fielding of New York City.

The name "Cervical Spine Research Society" was agreed upon and annual meetings were planned. The first such meeting was held in New York City in November 1973. Since that time, yearly meetings have taken place in various locations on the North American continent.

Since the primary purpose of the organization is to carry out research and develop and exchange information on the cervical spine, international participation has been encouraged.

The CSRS-European Section was founded in 1983 and the CSRS-Asia Pacific section was started in 2008 [2] [3]. The CSRS International Traveling Fellowship was initiated in 2015 with a tour of four centers in North America. The traveling fellowship is held every other year with each CSRS section serving as a host depending on the year. The goal of the fellowship is to expose spine surgeons under the age of 45 to institutions and individuals with an expertise in the cervical spine in order to broaden their experience and foster their academic career. In 2017 six traveling fellows, two from each CSRS region, traveled to four centers in Europe over a 2-week span. The traveling fellowship ended at the CSRS-European Section 33rd annual meeting in Salzburg, Austria.

Surgeons at the Cervical Spine Research Society annual meeting completed anonymous surveys assessing postoperative patient management following fusion and non-fusion cervical spine surgeries.

70% of surgeons returned completed surveys (n=71). 80.3% were orthopaedic surgeons and 94.2% completed a spine fellowship. Experienced surgeons (>15y in practice) were more likely to let patients return to driving within 2 weeks than less experienced surgeons (47.1% vs 24.3%, p=.013) for multi-level ACDF and laminectomy with fusion procedures. There were no differences between surgeons practicing inside and outside the USA for prescribing collars or return to driving time. Cervical collars were used more for fusions than non-fusions (57.7% vs 31.0%, p=.001). Surgeons reported 75.3% of patients ask when they may resume driving. For cervical fusions, 31.4% of surgeons allowed their patients to resume driving while restricting them with collars for longer durations. Furthermore, 27.5% of surgeons allowed their patients to resume driving while taking narcotics post-operatively.

This survey-based study highlights the lack of consensus regarding patient 'fitness to drive' following cervical spine surgery. The importance of establishing evidence-based guidelines is critical as recommendations for driving in the post-operative period may have significant medical, legal, and financial implications [4].

Paper presentations and award winner papers from the 2007 to 2011 annual CSRS meeting were identified. Using Pubmed Okafor searched for publications with a title of the paper presentations or containing the same authors. The publication rate of the award winning papers were evaluated in the same manner. We collected the title of the Journals the papers were published in and identified the most common journals.Results. Of the 321 podium presentation, 211 were published (65.7%). The publication rate was highest for 2007 abstracts (77.8%) followed by 2008 and 2011 (68.5%) and lowest for 2009 (58.5%). Of the 45 award winning papers 35 were published (77.8%) which was significantly different compared to the non-award winning papers (63.8%, p = 0.046). Spine, Spine Journal and J Neurosurgery Spine were the most common publication journals for the papers.Conclusion. In one of the first studies evaluating the publication rate of podium presentation from the CSRS annual meetings we found an overall publication rate of 65.8% and 77.8% for award winner papers. This high publication rate indicates the quality of papers presented at the CSRS annual meeting [5].

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Available at: http://www.csrs.org/about/history/. Accessed May 25, 2017.
2)
Available at: http://www.csrs-es.org. Accessed May 25, 2017.
3)
Available at: http://csrs-ap.jtbcom.co.jp/welcom.html. Accessed May 25, 2017.
4)
Moses MJ, Tishelman JC, Hasan S, Zhou PL, Zevgaras I, Smith JS, Buckland AJ, Kim Y, Razi A, Protopsaltis TS. Lack of Consensus in Physician Recommendations Regarding Return to Driving After Cervical Spine Surgery. Spine (Phila Pa 1976). 2018 Mar 9. doi: 10.1097/BRS.0000000000002625. [Epub ahead of print] PubMed PMID: 29528997.
5)
Okafor L, Frost C, Mesfin A. Publication rate of paper presentations from the Cervical Spine Research Society Annual Meeting. Spine (Phila Pa 1976). 2015 Feb 19. [Epub ahead of print] PubMed PMID: 25705960.