Bertolotti Syndrome meeting focused on physical therapy with Dr. Carminati
August 24, 2025

Number of participants: 38
Duration: 42 minutes

Rewatch full recording here:
https://youtu.be/kNHMVT6CqoM?si=IGRYrtol19NroxX-

These are the remaining questions answered by Dr. Carminati (see responses in orange)

"Please note none of this is individualized medical advice. Please see your medical provider for recommendations specific to your needs."

Additional questions

Q1: After radio frequency ablation what is the typical time to start PT?
Typically within 24-48 hours you can resume PT, but that is not individualized guidance. I recommend to confirm with you physician regarding specific needs and recommendations to your unique case.

Q2: I am starting back PT in 2 weeks (post op with Jenkins fusion for bs, coccygectomy, and spinous process shaving for Bastrups) I have multiple tears in my ankle awaiting surgery. My PT options in Idaho are limited and the PT i see is well regarded, but didn't believe me for a long time and hurt me twice. How do I guide him to treat me correctly going back without causing friction? Is there a simple written guide I can present him?
Hello! I'm sorry that your PT doesn't believe you. It does not sound like a good fit. Dr. Jenkins should provide you with a post operative protocol for your PT to follow. Hoping that will help them! If not, can you try to find if there's a Scolisois specialist in your area?

Q3: I have seen many people complain of hip pain post. Why and is this common.
Yes it is common, I'm assuming you're saying post surgery? It depends, but it is common for nerve roots from the low back to refer to the hip region additionally your biomechanics will change post surgery and new aches and pains may arise as your body rebalances from the surgery.

Q4: In regards to the first question, what exercises would you avoid or recommend if a patient has both Bertolotti's and a herniation on L4-L5?
This is tricky. But I always recommend starting in neutral spine. There's so much that can be done from a rehabilitative standpoint in neutral spine.

Q5: How would you go about treating adolescent patients, in comparison to adults? Are there differences in exercises or recommended therapy?
The main differences are the exercise frequency and duration. We do less repetitions and short duration exercise with younger individuals.

Q6: McKenzie method is highly used with low back pain patients; do you find this successful with BSy patients?
No.

Q7: Have you had any experience with the vibe bed?
No I have not.

Q8: After resection surgery, how long does it take for your hip to adjust to new biomechanics?
Very subjective, can't give an exact time frame.

Q9: Thank you for your time Dr. If you have a moment, I was curious as a post op fusion with Dr Jenkins, do you practice Dry needling and if so, why or why not?
In NY state we are not allowed to practice dry needling unfortunately.