



TRIUMPH

— ORTHO & SPINE —
SPINE • JOINT • NERVE PAIN

TEAMSTERS
PATIENT GUIDE
TO PAIN RELIEF



MINIMALLY INVASIVE PAIN CARE

Move Beyond Pain

Advanced options. Clear explanations. A path forward.

THE GOAL

Find the source of pain, select the least invasive reasonable treatment, and help you regain movement, sleep, independence, and confidence.



CREATE MORE ROOM FOR COMPRESSED NERVES

MILD Lumbar Decompression

WHAT IT DOES

MILD is a percutaneous, image-guided procedure for selected patients with lumbar spinal stenosis. Through a very small opening, the physician removes small portions of thickened ligament that are crowding the spinal canal. The goal is to create more room for the nerves without removing bone or placing hardware.

WHO MAY BENEFIT

Patients whose back or leg symptoms worsen with standing or walking and improve when sitting or leaning forward — particularly when therapy, activity changes, and medication have not provided enough relief.

POTENTIAL BENEFITS

Reduced leg heaviness, numbness, or aching; longer standing and walking tolerance; improved participation in exercise and daily activities; and a shorter recovery than open decompression surgery.

**WHAT TO EXPECT**

The procedure is usually performed through a tiny incision with imaging guidance, and most patients go home the same day. Improvement may build gradually as activity increases.



TREAT PAIN ARISING WITHIN THE SPINE

Disc & Vertebral Pain Treatments

BASIVERTEBRAL NERVE ABLATION

Some chronic low-back pain originates from damaged vertebral endplates and is carried by the basivertebral nerve inside the bone. Through a small channel, controlled radiofrequency energy quiets that nerve. It may be considered when MRI findings, symptoms, and examination support vertebrogenic pain.

BENEFITS

Meaningful reduction of persistent central low-back pain, easier sitting and bending, improved function, and durable relief for appropriately selected patients.

VIA DISC INTRADISCAL ALLOGRAFT

VIA Disc places processed donor tissue into a painful degenerative disc through a precisely guided needle. The intent is to supplement the disc environment and address disc-related pain rather than simply masking symptoms.

BENEFITS

Less axial low-back pain and improved tolerance for activity and work — a minimally invasive option before considering more extensive surgery. Response varies, and careful patient selection is essential.



CALM AN IRRITATED SPINAL NERVE

Epidural & Transforaminal Injections

WHAT IT DOES

Using fluoroscopic imaging, the physician guides a fine needle near the inflamed spinal nerve and delivers anti-inflammatory medication. A transforaminal injection approaches the nerve through its natural opening and can be directed to a specific symptomatic level.

WHO MAY BENEFIT

Patients with radiating neck or back pain, arm or leg pain, tingling, numbness, or inflammation related to a disc problem or narrowed nerve opening.

POTENTIAL BENEFITS

Reduced nerve inflammation and radiating pain; improved sleep and mobility; better tolerance for physical therapy; and useful diagnostic information about which nerve is producing symptoms.

**IMPORTANT PERSPECTIVE**

The injection does not repair every structural problem. Its value is often to calm a painful flare, restore function, and create a window in which rehabilitation can progress.



DIAGNOSE AND TREAT FACET-JOINT PAIN

Medial Branch Blocks, RFA & Transection

01 MEDIAL BRANCH NERVE BLOCK

Facet joints can produce localized neck, mid-back, or low-back pain. Numbing medicine is placed near the medial branch nerves that carry pain from those joints. Significant temporary relief helps confirm the diagnosis and predicts whether a longer-lasting treatment may help.

02 RADIOFREQUENCY ABLATION (RFA)

After successful diagnostic blocks, controlled radiofrequency energy is applied to the targeted nerves. The nerves are quieted rather than the joint being surgically altered. Relief may last for months while the nerve slowly recovers.

03 MEDIAL BRANCH NERVE TRANSECTION

This minimally invasive option more directly interrupts selected medial branch nerves responsible for confirmed facet pain. It may be considered when a longer-lasting approach is appropriate.



POTENTIAL GAINS

Less axial pain, easier turning or bending, improved sleep, and greater ability to exercise and complete everyday activities.



PRECISION CARE FOR PAINFUL TENDONS AND JOINTS

Tendon & Joint Restoration

ULTRASOUND-GUIDED PERCUTANEOUS TENOTOMY

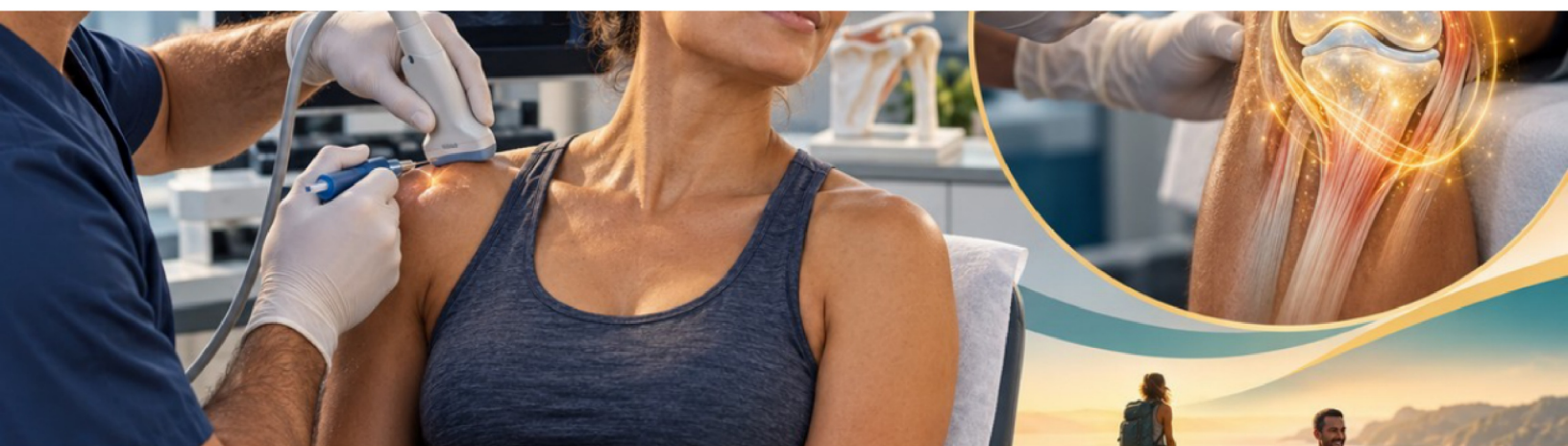
Real-time ultrasound identifies unhealthy tendon tissue. Through a tiny opening, a specialized instrument treats or removes the damaged portion while preserving surrounding tissue. It may be used for chronic tendon pain that has not responded adequately to rest, medication, bracing, injections, or therapy.

PLATELET-RICH PLASMA (PRP)

A sample of your blood is processed to concentrate platelets, then placed into the targeted joint under image guidance. Platelets release growth factors that may support the body's natural healing response. Because PRP is made from your own blood, medication exposure is limited.

POTENTIAL BENEFITS

Less tendon or joint pain; improved strength and range of motion; better participation in rehabilitation; return to work, sports, or daily activity; and a possible opportunity to postpone more invasive surgery.



RECOVERY

Recovery is progressive rather than immediate. Temporary soreness can occur, and a structured rehabilitation plan is often important.



A POWERFUL OPTION FOR PERSISTENT NERVE PAIN

Peripheral Nerve & Spinal Cord Stimulation

HOW IT WORKS

A small system delivers carefully programmed electrical signals to a peripheral nerve or to the spinal cord, changing how pain messages are transmitted and processed. Stimulation does not repair a damaged nerve, but it can markedly reduce how strongly neuropathic pain is experienced.

PERIPHERAL NERVE STIMULATION

Targets a specific injured or painful nerve. It may be especially helpful for focal pain after trauma or surgery, painful mononeuropathy, certain peripheral nerve injuries, and selected complex regional pain conditions.

SPINAL CORD STIMULATION

Treats broader or multi-area neuropathic pain, including persistent back and leg pain after spine surgery, chronic radicular pain, and other difficult-to-control nerve pain syndromes.

**WHY THIS CAN BE LIFE-CHANGING**

For well-selected patients with nerve damage or pain that persists after surgery, stimulation may provide meaningful pain reduction, better sleep and mobility, renewed independence, and less reliance on pain medication. A temporary trial lets you experience the therapy before choosing a permanent implant.



A PLAN BUILT AROUND YOU

What Happens Next

1

IDENTIFY THE PAIN SOURCE

We review your history, examination, imaging, prior treatments, and goals.

3

MEASURE THE RESPONSE

Diagnostic blocks or stimulation trials may help predict whether a longer-lasting treatment is worthwhile.

2

CHOOSE THE LEAST INVASIVE FIT

Your physician explains reasonable options, alternatives, risks, and expected recovery.

4

BUILD ON RELIEF

Physical therapy, home exercise, and healthy movement remain important parts of lasting improvement.

QUESTIONS TO ASK

What is causing my pain? · What benefit is realistic for me? · What are the risks and alternatives? · How long is recovery? · How will we measure success?

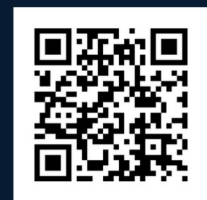


Triumph Ortho & Spine

Helping patients move forward with thoughtful, minimally invasive pain care.

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SCAN TO VISIT US

LOCATIONS IN PA & NJ

Important: benefits described in this guide are potential benefits, not guarantees. Every procedure has risks and may not be appropriate for every patient. A physician must evaluate your condition and discuss alternatives before treatment.