



In this regular column, Dr. John Parker, answers medical questions sent to us by our members and other divers.

## Dear DAN Doc,

I was recently diagnosed with a slipped disc. The only exercise I am allowed by my doctor is swimming - everything else, including scuba diving, is prohibited. I feel it should be okay to dive as long as I don't exert myself, eg. put on my gear in the water, etc. so that I won't feel the weight on my back.

What do you think? To give up diving will be like giving up half of my life!

thanks & regards,  
DAN Member, Malaysia

## Dr. Parker replies ...

"Slipped disc" is a common problem. Basically an intervertebral disc, the cartilaginous / fibrous cushion between each vertebra of the spine, has prolapsed and part of the disc is bulging outwards, often impinging on other structures. The symptoms reflect the structures that are impinged. Usually pain is the predominant problem. The site of the pain again depends on the anatomy. Pressure on the intervertebral ligaments will cause local pain. Pressure on the nerves coming out of the intervertebral spaces may cause referred pain, distant to the spine, eg. sciatic pain

down the leg. As well as pain there may be numbness or pins and needles in distant sites. Even more serious is if the prolapse is pressing on the spinal cord itself when autonomic functions can be disrupted. The commonest is probably bladder function.

Of course the symptoms are dependant on the level of the prolapsed disc. The diver does not mention the level of her prolapse or what symptoms she is suffering or their severity.

The common natural progression of a prolapsed disc is for it to slowly fibrose and shrink and often all symptoms will subside. There still, however, remains a weakness of the disc and possibility of recurrence. Large prolapses may continue to cause impingement and give long term disability.

The risk of scuba diving is mainly mechanical in nature. Heavy lifting or awkward movements may aggravate the prolapse, making it bigger or changing its position. The severity of the risk will depend on the size and site of the prolapse and of course on the amount of lifting and awkward movements occurring. The problem with diving is that many things are unpredictable. I have been diving when equipment was snagged,

boats rocked more than expected, exits were more difficult and a myriad other unforeseen minor problems occurred.

Theoretically there is a risk that the damaged tissue around the prolapse is susceptible to decompression illness. There is absolutely no evidence to support this theory but also absolutely no evidence to refute it. There just are no data.

The main risk of diving is that the prolapse is aggravated and the symptoms and disability are made worse. In this diver's case, with so little information, I can give no further advice. Certainly if all heavy lifting and awkward movement is avoided then the risk will be reduced.

I hope this helps the diver to seek more specific advice.

## Dr. John Parker

Dr. Parker is a dive physician, diving instructor and a DAN Oxygen and First Aid Instructor-Trainer. He is the author of **The Sports Diving Medical**, soon to be released in its second edition.

*If you are interested in reading more about how diving is affected by certain medical conditions, visit our website at [www.danseap.org](http://www.danseap.org) and click on the 'Diving Medical Issues' link.*