

Back on Her Feet

After years of chronic pain, actress Jennifer Grey is dancing again.

BY LINDA CHILDERS

Best known for her role as Frances “Baby” Houseman in the iconic 1987 movie *Dirty Dancing*, actress Jennifer Grey will forever be remembered for her triumphant performance in the film’s final scene, where she jumps into co-star Patrick Swayze’s arms as he hoists her above his head and the crowd cheers.

For Grey, who wasn’t a professional dancer but rather an actress playing a dancer, it was a gutsy move, and one that chronic pain would prevent her from repeating for many years.

THE ACCIDENT AND ITS AFTERMATH

Nine days before the premiere of *Dirty Dancing*, Grey was involved in a devastating head-on car crash while vacationing in Ireland with actor Matthew Broderick, her then-boyfriend. The occupants of the other car were killed, and Grey felt lucky to have survived. But whiplash from the collision ripped several ligaments in the back of her neck. Although she received medical treatment, the actress continued experiencing painful headaches that would last for days and spasms in her neck when she moved her shoulders. In the years that followed, Grey’s neck became severely compressed.

She recovered emotionally after the accident and continued to act. Then, in 2001, Grey married actor and director Clark Gregg and gave birth to a daughter, Stella. But her life was marked by constant and debilitating pain.

“I tried massage, heat pads, ice, anti-inflammatories—anything and everything that could offer relief,” Grey says. “Nothing offered long-term results.”

Her experience is not unusual. The American Academy

of Pain Management reports that an estimated 50 million Americans live with chronic pain. Migraines, rheumatoid arthritis, and multiple sclerosis are just a few of the medical conditions that can cause chronic pain.

NOT A ROUTINE PHYSICAL

For Grey, the pain lasted more than 20 years. It wasn’t until 2009, when she was asked to compete on the hit television show *Dancing with the Stars*, that she was able to take control of her pain and find some relief. The actress needed a routine physical before being cast on the show. Since she wanted to discuss her neck pain with an expert anyway, Grey decided to meet with Robert Bray, Jr., M.D., a Los Angeles-based neurologic spine surgeon.

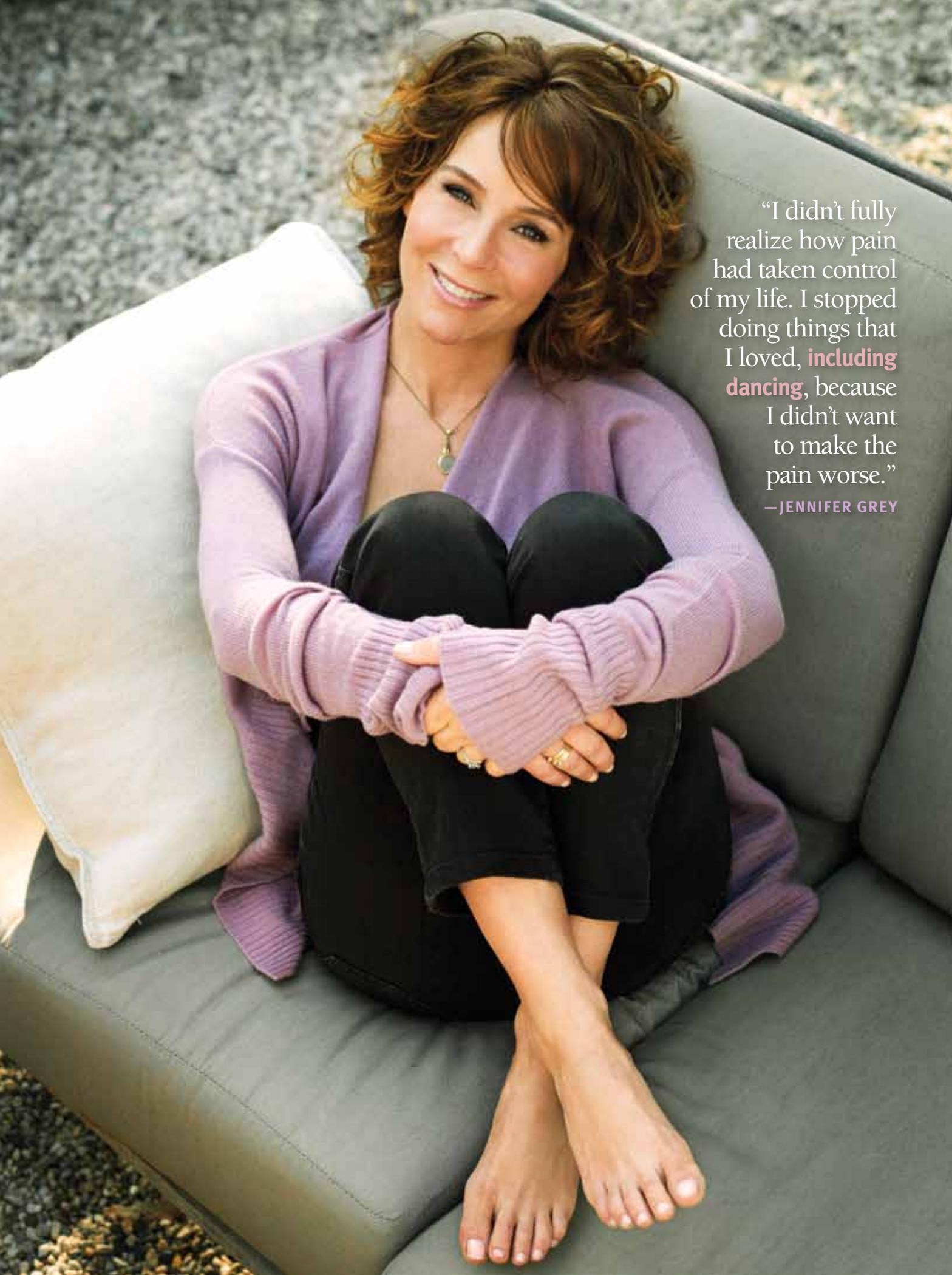
The actress fully expected that after a brief exam she would be cleared to dance on the show, so she was shocked when Dr. Bray told her she needed immediate surgery.

“Jennifer’s exam was very abnormal,” says Dr. Bray. “When I tapped her reflexes, they were very jumpy, which is a sign that something is pressing against the spinal cord. X-rays showed that her neck had a dramatic angulation (sharp bend) and there was slippage of one vertebrae onto another, to a dangerous extent. The amount of slippage was actually cutting off the area through which the spinal canal runs,” Dr. Bray says.

“As a result of these injuries, there was no fluid around Jennifer’s spinal cord—none,” Dr. Bray recalls. “That means if she fell, slipped on the dance floor, or experienced a sudden head movement or minor rear-end car accident, she could have been paralyzed. It really was that bad. She was told not to dance, work out, or play sports. I even told her



DIRTY DANCING Grey’s famous leap with Patrick Swayze would have been dangerous to recreate after her 1987 car accident.



“I didn’t fully realize how pain had taken control of my life. I stopped doing things that I loved, **including dancing**, because I didn’t want to make the pain worse.”

—JENNIFER GREY



TEAM GREY
Left to right: At home with her husband, Clark Gregg, an actor and director; with daughter, Stella; and winning *Dancing with the Stars*, Season 11, in 2010, with partner Derek Hough.

she shouldn't be driving."

To correct the problem, Dr. Bray performed what is called an anterior fusion through the front of Grey's neck to put it back in alignment. "We took out the disc completely, lifted the neck up, and put it back where it belongs. This reduced the angulation and instability," Dr. Bray says. "Then we put in a titanium plate to lock the joint back into position."

WHEN PAIN BECOMES THE NEW NORMAL

"I had been suffering for so long and didn't fully realize how pain had taken control of my life," Grey says. "I stopped doing so many things that I loved, including dancing, because I didn't want to make the pain worse."

Dr. Bray says it's not unusual for people with chronic pain to allow pain to control their lives, often leading to isolation.

"Slowly, over time, many people with chronic pain begin crossing things they once loved off their list of activities," Dr. Bray says. "I've had patients say they don't exercise anymore, play with their kids, or enjoy hobbies or activities—their life just keeps getting smaller and smaller until it becomes the new normal."

Although Grey had seen other doctors over the years and curtailed many of her activities, she admits that she never fully acknowledged the seriousness of her condition. "In retrospect, I was in denial," she says. "One of the doctors I saw years ago had suggested surgery, but the thought of surgery and a long recovery scared me so much that I convinced myself the pain wasn't that bad."

The pain was cyclical, Grey says. On some days, it was minimal, and she could pretend everything was okay. On other days, she experienced severe headaches and could barely open her eyes.

When she finally made an appointment to see Dr. Bray, Grey had done her research. Not only did the neurosurgeon come highly recommended by friends, she also liked the fact that he had performed over 10,000 surgical procedures. Prior to founding the DISC Sports and Spine Center, Dr. Bray had founded the Institute for Spinal Disorders at Cedars-Sinai Medical Center in Los Angeles.

"When patients are truly affected by chronic disabling pain, like Jennifer was, they need to be fully evaluated," Dr. Bray says. "All too often, people are treated with narcotics without being given a comprehensive exam that pinpoints the specific cause of the pain."

Dr. Bray's center takes a multidisciplinary approach to diagnosing and treating pain. Acupuncturists, chiropractors, pain management specialists, rehabilitation therapists, and surgeons

all function as an integrated group. "By the time we see many chronic pain patients, they have been to numerous providers, and their care has been disjointed," Dr. Bray says. "Often, they have seen their internist and maybe a chiropractor but still don't feel better. In the meantime, the pain has taken control of their life. They may also be experiencing depression and dependence on pain medication."

Dr. Bray says he believes in first trying conservative options to treat chronic neck and back pain such as exercise, injections, and anti-inflammatories. And he insists that patients participate in their own recovery.

"Chronic pain is a complex problem. There's no quick fix," Dr. Bray says. "Patients have to be willing to address underlying issues such as depression or dependence on pain medication, and they must be willing to quit smoking and lose weight if necessary."

Chronic pain can also have a psychosomatic or mind-body component, according to Dr. Bray. If a patient believes she won't get better, she probably won't. "So we work with patients on stress reduction, relaxation, and coping tools," Dr. Bray says.

The surgery was a success. Finally, after physical therapy, the actress could do things she hadn't done for years, such as Pilates and yoga.

IS REST BEST?

Many experts now believe that rest—the traditional prescription for neck and low-back pain—may be detrimental. "Maintenance of normal activities is actually the recommendation based on medical science," says James Rainville, M.D., assistant clinical professor at Harvard Medical School and chief of physical medicine and rehabilitation at New England Baptist Hospital. (However, he notes, "We would have screened out Jennifer Grey from treatment initially, as she clearly needed spine surgery.")

Dr. Rainville, who cofounded the Spine Center (popularly known as Back Boot Camp) with physical therapist Lisa Childs, says that approximately 70 percent of the people he sees with back pain have no idea of the cause. "The misconception is that they bent down to pick up something incorrectly or injured themselves during sports. But more evidence suggests that we develop back pain because we outlive certain parts of our spine," he says. "I think we have to see back pain in the same way we see other degenerative problems that occur with aging, such as hip and knee arthritis."

"By the time we reach the age of 30, we have all developed some degeneration in our spine," Dr. Rainville continues.

LEFT TO RIGHT: JEFF LIPSKY/CPI SYNDICATION; ABC/ADAM LARKEY

“All too often, people call a truce with their back pain. This is detrimental, because it **limits their activities** and causes them to feel pain at lower levels of activity.”

—JAMES RAINVILLE, M.D.

“When it comes to the back, you either use it or lose it. We emphasize using your back and staying active, and we work with a wide variety of patients of different ages and occupations. Some have had back injuries, and about 20 percent have undergone previous spine surgery. The majority have degeneration of the spine caused by the normal aging process and have lived with chronic back pain for at least a year.”

Several recent studies have demonstrated that stretching and muscle strengthening can benefit people with neck and shoulder pain. For example, in a special 2011 health report from Harvard Health Publications’ *Neck and Shoulder Pain*, people with whip-

lash were shown to heal quicker, and were less likely to develop chronic pain, if they started gently exercising as soon as possible.

“Research has found that patients who are physically inactive and don’t regularly exercise accelerate the progression of disc degeneration. Exercise and physical activities may help to slow this process.” Dr. Rainville says. (See, for example, his study in *The Spine Journal* from 2004.)

“All too often, people call a truce with their back pain,” Dr. Rainville notes. “This is detrimental, because not only does it limit their activities, it also reduces their endurance, strength, and flexibility, which causes them to feel pain at lower levels of activity.”

Patients at Back Boot Camp work out under the supervision of a professional physical therapist twice a week for 90 minutes over the course of six to eight weeks. Exercises involve stretching, lifting weights, and walking on treadmills. Patients are taught safe workouts that will increase their flexibility, strength, and endurance, while also serving to desensitize their pain.

WHAT I’VE LEARNED: Advice from Jennifer Grey and Dr. Bray

Over the past two decades, Jennifer Grey has learned a lot about chronic pain—from her own experience, and from working with Robert Bray, Jr., M.D., a Los Angeles-based neurologic spine surgeon.

“Pain is part of life, but suffering doesn’t have to be,” she says. “No one should suffer in silence.”

Grey suggests taking the following steps to help you communicate more effectively with your doctor:

- ▶ Record how you’re feeling in a day-to-day pain journal that you can bring to your appointments. Record your discomfort using a pain assessment scale from 0 to 10 to describe your pain, with 0 representing no pain and 10 representing terrible pain. Write down your symptoms, what causes flare-ups and exacerbates your pain, and any steps that you take to relieve the pain.
- ▶ Research and learn all you can about chronic pain so you’ll know what to ask during your next medical appointment. Be sure to write down your questions and take them with you.
- ▶ Seek out a second (or third or fourth) medical opinion. “You need to find a doctor who you feel comfortable with and who is a good match,” Grey says.
- ▶ Seek out support. The American Chronic Pain Association offers a list of support groups, a guide to chronic pain medications and treatment, and other resources. Visit theacpa.org.
- ▶ Get moving. Ask your doctor if a specific exercise regimen might help to alleviate your chronic pain.

A SECOND SURGERY

Although Grey’s surgery was a success, she soon found out she would need a second surgery to relieve the long-term effects of trauma caused by the car accident. Dr. Bray told her he would need to operate to remove spurs from her neck that were causing shoulder and arm pain. Yet before he operated, he advised her to have her doctor biopsy a suspicious lump on her throat.

Although the lump has previously been diagnosed as a benign goiter or thyroid nodule, Dr. Bray didn’t like the look or feel of it and encouraged Grey to have it removed by her doctor. The lump turned out to be a malignant tumor. After two surgeries to have the cancer removed, Grey returned for her second surgery with Dr. Bray to have the spurs removed from her neck. She underwent rehab at DISC’s Soft Tissue Center and eight months later, felt able to join the cast of *Dancing with the Stars*.

DANCING AGAIN

In her first dancing appearance since *Dirty Dancing*, Grey was crowned the show’s 11th season winner. Under the guidance of her professional dancing partner, Derek Hough—and under Dr. Bray’s continued care—Grey took home the show’s coveted mirror ball trophy.

Today, the 52-year-old actress is once again on the move. She’s preparing to open a dance studio in Southern California, where she hopes to introduce a new generation of dancers to everything from the partner dancing seen in *Dirty Dancing* to Cardio Funk.

“Living with chronic pain can really wear you down,” Grey says of her 23-year journey. “I finally got to the point where I wanted my life back. Everyone deserves to enjoy a life without pain.” NN