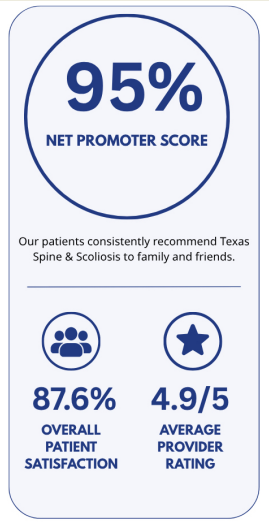


PATIENT SATISFACTION:

Patients were asked multiple questions on communication by the physician; interaction with staff; and perceived quality of care. The average physician rating for the year was 4.9 out of 5. Overall patient satisfaction was 87.6% with 95% of patients recommending Texas Spine and Scoliosis to a friend.



Texas Spine & Scoliosis: a regional spine center of excellence

Texas Spine & Scoliosis Center is designated as a Blue Distinction regional spine center by Blue Cross Blue Shield and by the Joint Commission Disease Specific Care Certification for Spine Surgery. The spine center is also featured on CentersforArtificialDisc.com and is included in SpineCenterNetwork.com, a national listing of credentialed spine centers. To be included, a spine center must have fellowship-trained spine surgeons, physical medicine physicians and an emphasis on patient education and non-surgical options.



NON-SURGICAL SPINE CARE

ERIC MAYER, MD
Board-Certified Physical Medicine & Rehabilitation Fellowship-Trained in Spine Medicine
Dr. Mayer completed a fellowship at the Cleveland Clinic. He specializes in interventional spine, sports medicine, vertebral augmentation for traumatic fractures, functional restoration and neuromodulation.



LEE E. MOROZ, MD
Board-certified Physical Medicine & Rehabilitation
Dr. Moroz specializes in non-surgical treatment for back and neck pain. His focus of care is the diagnosis and assessment of back and neck pain problems. Dr. Moroz is proficient in pain relieving spinal injections.



ENRIQUE PENA, MD
Board-Certified Physical Medicine & Rehabilitation Fellowship-Trained in Interventional Spine
Dr. Pena completed a fellowship in Interventional Spine, Musculoskeletal & Electrodiagnostic Medicine. He specializes in spinal injections for back and neck pain.



FELLOWSHIP-TRAINED SPINE SURGEONS

MATTHEW GECK, MD
Board-certified Orthopedic Surgeon • Fellowship-Trained Spine Surgeon Co-Chief, Ascension Texas Spine & Scoliosis
Dr. Geck has performed over 3,500 scoliosis surgeries and 100 mini scoliosis surgeries. Dr. Geck completed two fellowships: The first in adult & pediatric spine surgery at Jackson Memorial Hospital and a second fellowship at Miami Children's Hospital on scoliosis and kyphosis surgery. Dr. Geck is the co-founder of the SpineHope program, a non profit mission providing pediatric spine surgery in other countries.



JOHN STOKES, MD
Board-certified Neurological Surgeon • Fellowship-Trained Spine Surgeon Co-Chief, Ascension Texas Spine & Scoliosis
Dr. Stokes completed a fellowship at the Cedars Sinai Institute for Spinal Disorders in Los Angeles and UCLA. He specializes in herniated discs, spinal stenosis, degenerative disc disease, spinal deformity, spinal tumors, artificial disc replacement, minimally invasive spine surgery, spinal reconstruction, spondylolysis and spondylolisthesis.



EERIC TRUUMEEES, MD
Board-Certified Orthopedic Surgeon • Fellowship-Trained Spine Surgeon
Dr. Truumees has more than 20 years experience in spine surgery and specializes in cervical, thoracic and lumbar spine disorders. Dr. Truumees has served as a Professor of Orthopaedic Surgery at the University of Texas, Dell Medical School, and served as the 2020 President of the North American Spine Society.



RORY MAYER, MD
Board-certified Neurological Surgeon • Fellowship-Trained Spine Surgeon
Dr. Mayer completed a dual fellowship in complex and minimally invasive spine surgery and neurotrauma. He has additional sub-specialty training in neurosurgical oncology. Dr. Mayer focuses on the treatment of complex spinal disorders, including degenerative scoliosis, flatback syndrome, kyphosis, spinal instability, revision spine surgery, and other challenging spinal conditions.



ALEX CRUZ, MD
Board-Certified Orthopedic Surgeon • Fellowship-Trained Spine Surgeon
Dr. Cruz completed a fellowship in spine surgery at the University of Wisconsin-Madison and an AO Trauma Fellowship at the Korea University in Seoul, South Korea. Dr. Cruz has expertise in motion preservation surgery, cervical and lumbar disc replacement, minimally invasive spine surgery, spinal deformity correction, complex revision spine surgery, and the use of robotics, artificial intelligence and navigation systems.



Texas Spine & Scoliosis provides primary care physicians free educational patient education tools on spine problems

We believe the best healthcare quality comes from an informed consumer. As a community service, Texas Spine and Scoliosis distributes to patients a 36-page Home Remedy Book for back and neck pain and a Back to Life Journal that has detailed information about treatment options for herniated discs and advances in spine care and advances in scoliosis surgery. Our educational web site at TexasSpineandScoliosis.com has animations and symptom charts that show when it's necessary to see the doctor to prevent permanent paralysis of nerves.



Non-surgical treatment for back & neck pain
Minimally invasive spine surgery
Artificial disc replacement
Advanced MRI Diagnostics
Mini-scoliosis surgery



Texas Spine & Scoliosis

MAIN OFFICE: 1004 West 32nd Street, Suite 200 • Austin, TX 78705
Appointments & Referrals: 512-324-3580
Educational online encyclopedia on spine at: TexasSpineandScoliosis.com

SATELLITE OFFICES:
Luling: 130 Hays Suite B, Luling, Texas 78648
Burnet: 200 John W. Hoover Pkwy, Bldg 3, Burnet, TX 78611
Dripping Springs: 249 Sportsplex Dr #204, Dripping Springs, TX 78620

Texas Spine & Scoliosis has an online encyclopedia on back and neck pain at TexasSpineandScoliosis.com with home remedies, exercises and symptom charts that show when you need to see a spine specialist.

2026

Clinical Outcomes Report Card

Helping people recover from spine problems and get back to life



Texas Spine & Scoliosis

FELLOWSHIP-TRAINED ORTHO & NEURO SPINE SURGEONS
FELLOWSHIP-TRAINED SCOLIOSIS SURGEONS
NON-SURGICAL PHYSICAL MEDICINE & REHABILITATION SPECIALISTS
SPINE TRAINED THERAPISTS
— ALL UNDER 1 ROOF

Patient reported clinical outcomes at Texas Spine & Scoliosis

Few healthcare entities provide hard data that documents quality — yet data is the essential aspect of quality management. Dating back over 15 years, Texas Spine & Scoliosis was the first spine center of excellence in Texas to publish a Clinical Outcome Report Card for insurance companies, employers and consumers. We recognize that if you are not collecting and reporting data, you have no business talking about quality.

At Texas Spine and Scoliosis, we use validated patient reported outcome measures to assess meaningful changes in pain, function and quality of life following treatment. These tools allow us to monitor progress from the patient’s perspective and support ongoing efforts to optimize care.

Our outcomes tracking includes the following measures:

- Oswestry Disability Index (ODI)
- Neck Disability Index (NDI)
- Scoliosis Research Society-22r (SRS-22r)

These surveys are delivered electronically and completed by patients before and after their treatments. Timing of follow-up is procedure specific and aligned with the anticipated recovery window:

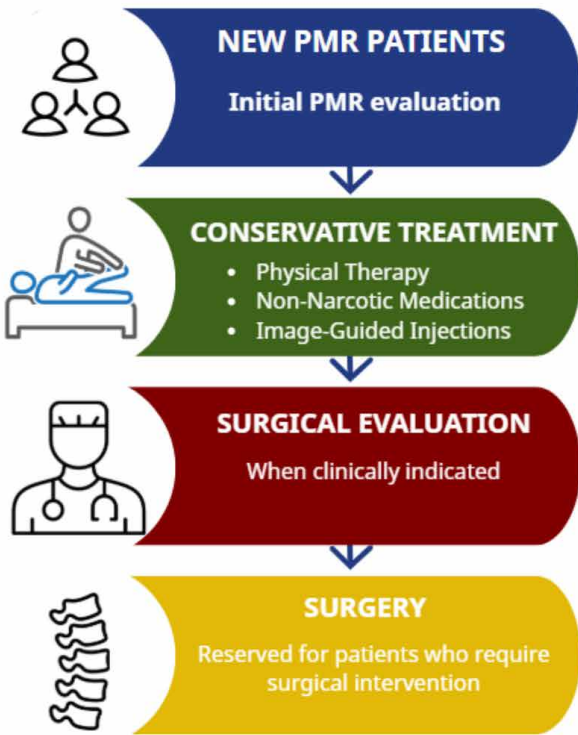
- 6 weeks after injection
- 6 weeks post microdiscectomy or lumbar decompression
- 3 months following cervical surgery
- 6 months following lumbar fusions
- 1 year following deformity correction and/or fusions

THE STAIRWAY TO SUCCESS:

In single specialty clinics where spine surgeons see all the patients, most patients get surgery. In a true multi-disciplinary center with non-surgical MDs and therapists, outcomes form a downward “Stairway to Success.” The more you emphasize non-surgical options first, fewer then need spine surgery. The team of 3 Physical Medicine MDs managed the care of 2,398 patients last year with non-surgical options like therapy and spinal injections. Of these patients, only 241, or 10%, needed referral to a spine surgeon for assessment. Of those patients treated by the Physical Medicine team with pain-relieving injections and spine therapy, only 4.6% ultimately needed surgery.

COMPREHENSIVE CARE PATHWAY

Every patient begins with the least invasive treatment appropriate for their condition.



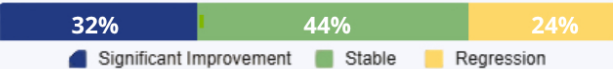
NON-SURGICAL OUTCOMES

LUMBAR EPIDURAL STEROID INJECTION

Mean ODI Score

38.6 → 30.7 | ↓ 7.9
PRE POST POINT IMPROVEMENT

Patient Outcomes at 6 Weeks



CERVICAL EPIDURAL STEROID INJECTION

Mean NDI Score

37.9 → 28.9 | ↓ 9
PRE POST POINT IMPROVEMENT

Patient Outcomes at 6 Weeks



SURGICAL OUTCOMES

MICRODISCECTOMY / LAMINECTOMY

Mean ODI Score

44.9 → 25.9 | ↓ 19
PRE POST POINT IMPROVEMENT

Patient Outcomes at 6 Weeks



ANTERIOR CERVICAL FUSIONS / CERVICAL ARTIFICIAL DISC REPLACEMENT

Mean NDI Score

33.5 → 19.7 | ↓ 13.8
PRE POST POINT IMPROVEMENT

Patient Outcomes at 3 Months



SHORT-SEGMENT LUMBAR FUSION

Mean ODI Score

44.9 → 26.7 | ↓ 18.2
PRE POST POINT IMPROVEMENT

Patient Outcomes at 6 Months



ADULT DEFORMITY CORRECTION

Mean ODI Score

39.9 → 24.9 | ↓ 15
PRE POST POINT IMPROVEMENT

Patient Outcomes at 1 Year



PMR CARE PATHWAY IN ACTION

Patients beginning treatment through Physical Medicine & Rehabilitation

New PMR Patients	2,398
Successfully Managed Without Surgery	95.4%
Surgical Referrals	241
Required Surgery	4.6%

*Surgical referral data validated through internal PMR referral tracking.

More than 95% of patients entering care through PMR were successfully managed without surgery. Only 4.6% ultimately required operative treatment.