

SCOLIOSIS SURGEON BIOS

MATTHEW GECK, MD

Board-certified Orthopedic Surgeon
Fellowship-Trained in Adult and Pediatric Spine Surgery
Co-Chief, Ascension Texas Spine and Scoliosis Center
Chief, Scoliosis and Complex Spine Program
Co-Founder, Co-Medical Director of SpineHope

Dr. Geck's practice is focused 100% on scoliosis, spondylolisthesis and spinal deformity surgery. Over the past 25 years, Dr. Geck has performed over 3,500 scoliosis and deformity surgeries, half of which were pediatric/adolescent patients. His scoliosis practice receives patients from across the Texas region, Mexico and Central America. Dr. Geck performed his undergraduate work at the University of Wisconsin in the Medical Scholars program and graduated Phi Beta Kappa. He attended medical school at the University of Wisconsin School of Medicine and graduated Alpha Omega Alpha. Dr. Geck performed his orthopedic surgery residency at UCLA Medical Center. He then performed two spine fellowships in adult and pediatric spine surgery, the first at Jackson Memorial Hospital and a second in pediatric scoliosis and kyphosis surgery at Miami Children's Hospital. Dr. Geck is the co-founder of SpineHope, a charitable foundation for children in poverty-stricken countries across South America. He has traveled to more than 20 international locations. He has supervised or performed over 300 spine surgeries in these locales, and has seen over 1,000 children with severe or neglected spinal deformities. Through SpineHope, Dr. Geck provides advanced training to local spine surgeons at these hospitals in the specialty of spinal deformity and scoliosis. To learn more about this charitable foundation, visit SpineHope.org.



RORY MAYER, MD

Board-certified Neurological Surgeon
Dual Fellowship-Trained in Complex Spine Surgery,
Spinal Deformity & Minimally Invasive Spine Surgery

Rory Mayer, MD, is a board-certified and dual fellowship-trained neurosurgeon specializing in adult scoliosis, complex spinal deformity, and advanced reconstructive spine surgery. Dr. Mayer is one of only a small number of neurosurgeons in the country who specializes exclusively in the surgical treatment of complex spinal deformities. 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. He utilizes advanced spinal instrumentation, state-of-the-art intraoperative navigation technology, and collaborates with vascular and plastic surgeons when treating some of the region's most complex spinal cases. Dr. Mayer earned his medical degree from Baylor College of Medicine in 2012 before completing his neurosurgical residency, where he served as Chief Resident in the Department of Neurosurgery. He completed fellowship training in Complex and Minimally Invasive Spine Surgery at the University of California, San Francisco (UCSF) in 2020. During his residency, he also completed an enrolled fellowship in neurocritical care and spine trauma at Baylor College of Medicine, along with additional subspecialty training in neurosurgical oncology and spine tumor surgery at the world-renowned MD Anderson Cancer Center and pediatric spinal deformity at Texas Children's Hospital.



Texas Spine & Scoliosis: a spine center of excellence for scoliosis and back & neck pain

Texas Spine & Scoliosis Center is designated as a Blue Distinction regional spine center by Blue Cross Blue Shield and certified by the Joint Commission Disease Specific Care Certification for Spine Surgery. Texas Spine & Scoliosis is the only spine center in Texas to be 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 non-surgical options. The spine center is also featured on the national site CentersforArtificialDisc.com.



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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

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2026

Outcomes Report Card for adult scoliosis treatment



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

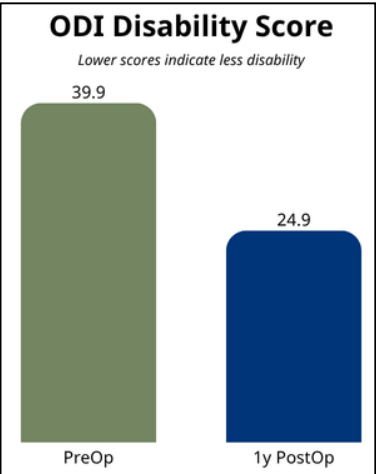
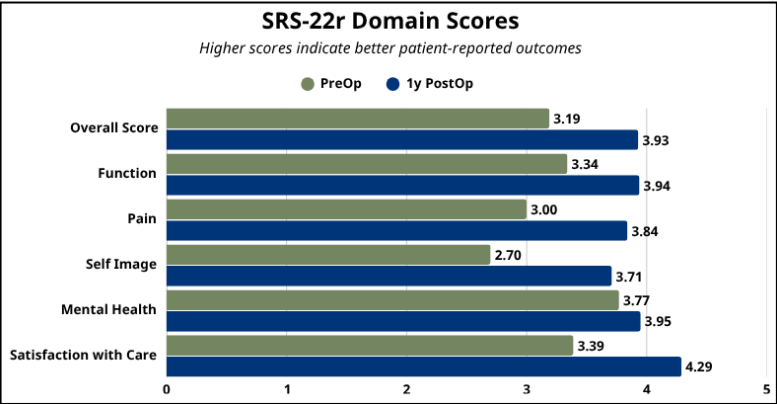
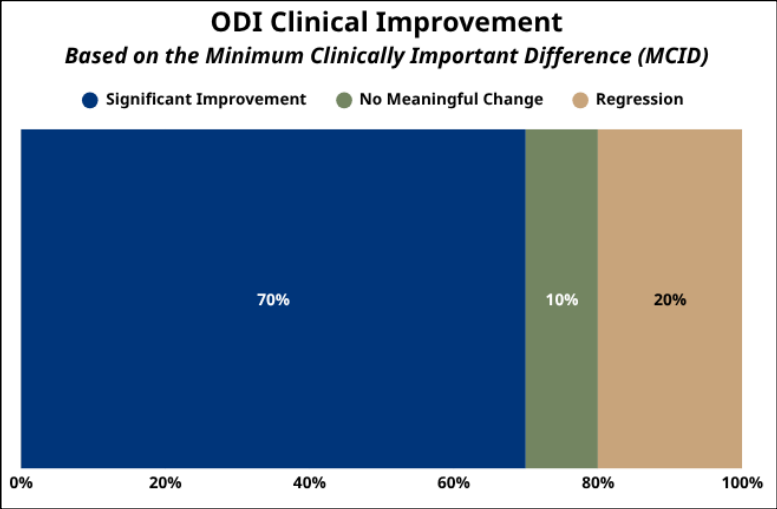
Clinical outcomes for scoliosis treatment

Clinical outcomes collected at Texas Spine and Scoliosis for scoliosis treatment involves patient forms completed before and after treatment at various intervals. **Patient Reported Outcomes (PRO)** are considered to be the most valid measurement of clinical care related to the patient’s assessment of their function, pain level, self image, mental health and satisfaction of the care provided by the clinicians at Texas Spine and Scoliosis. While all patients treated had a significant reduction in spinal curve to reduce damage to internal organs and extend lifespan, these charts document additional “Patient Reported” benefits.

ASSESSMENT TOOLS USED:

- The OSWESTRY DISABILITY INDEX (ODI) is a standardized spine assessment tool used for 50 years within the spine field that measures a patient’s function over a range of activities and compares that to a national database.
- SRS stands for data assembled over decades by the Scoliosis Research Society, the most respected international group of scoliosis specialists.
- The data presented here is collected and aggregated by a clinical outcome data professional within the spine center.

Patients reported that after surgery, their self image improved; they experienced a reduction in pain; and had improved function. Patients reported an overall satisfaction with their care of 4.29 out of 5. The charts here show significant patient reported improvement in the categories of: FUNCTION, PAIN, SELF IMAGE, MENTAL HEALTH, and SATISFACTION WITH CARE.



TOP CHART: 70% of patients achieved a clinically meaningful improvement in reported disability, while 10% remained stable and 20% experienced regression at one year.

MIDDLE: Patients reported improvement across every SRS-22r domain at one year, including function, pain, self image, mental health, satisfaction with care and overall SRS score (Mental Health: $p=0.03$, all other domains: $p<0.001$).

LEFT: Patients demonstrated a clinical meaningful reduction in reported disability scores one year after surgery (39.9 vs 24.9, $p<0.001$).

Flatback Syndrome can cause chronic pain and affect internal organs

The healthy spine uses an S curve that evenly distributes the weight of the body and provides for natural shock absorption. Flatback Syndrome is a spinal deformity where the lower back loses its natural inward curve causing the spine to become unnaturally straight, or “flat”. This incorrect spinal curve shifts the body’s center of gravity forward which causes the person to lean forward as if they were falling forward. This puts additional strain on the muscles in the back and legs making it difficult and exhausting for the person to stand or walk. Flatback syndrome can cause chronic pain, muscle fatigue and can put pressure on internal organs like the heart. Flatback Syndrome often is caused by the use of Harrington Rods, an old instrumentation system used decades ago to correct scoliosis. Flatback can also be caused by spinal fusion surgery that didn’t work as planned. Surgery is typically needed to restore the correct curve in the spine. Harrington Rods are removed by the scoliosis surgeon and replaced modern instrumentation to restore the correct spinal curve. In some cases, a Pedicle Subtraction Osteotomy is performed that removes facet joints or ligaments to restore the correct spinal curve. After surgery the patient has less pain, better posture, and can stand and walk with less effort.

At Texas Spine and Scoliosis, Dr. Matthew Geck and Dr. Rory Mayer combine their expertise in orthopedics and neurosurgery for the best possible patient outcome.

