The Same Broken Back

A spine doctor with the same condition as the man on trial, on the back-pain ladder America climbs

Dr. David Shapiro, DC | Tucker, Georgia | Available for interview: video, studio, phone

Who he is

Dr. David Shapiro has practiced for 33 years and is founder and clinical director of Complete Spine Solutions in Tucker, Georgia. He is Advanced Certified in Chiropractic BioPhysics, the highest certification in that discipline, and is writing a book on the outside-in mindset in American healthcare.

Why now

Dr. Shapiro has spondylolysis, the pars fracture that underlies the spondylolisthesis reported in the case of the man whose state trial begins in Manhattan on September 8, 2026. His had progressed to a slip; Dr. Shapiro's has not. Dr. Shapiro has never taken a pain pill for his back. Last winter he skied 29 days, most of them back to back. He treats a full patient load every day.

He will not discuss the crime, guilt, motive, or the trial. He discusses what happens to a person with back pain inside the American medical system.

What he can talk about

Two young men, the same broken back, two paths. By his own account, the defendant spent a year and a half in "failed conservative treatment," in pain every day, reading that he was destined to chronic pain and a desk job. Dr. Shapiro has the same fracture, was shown a different path, and lives without limitation. He does not claim to know what would have happened to anyone else. He asks what was on the table for those eighteen months, and who showed it to him.

The ladder, and what nobody on it is looking at. Medication, injections, physical therapy, surgery. Medication quiets the signal. Injections quiet it for a few weeks; the best independent review found no lasting benefit and no long-term reduction in surgery. Therapy strengthens what surrounds the problem. Surgery changes one segment. Nobody on the ladder asks why that segment carries so much load, or looks at the alignment of the whole spine above it. Surgery is a last resort and sometimes the right one; the point is the missing rung, not skipping to the top.

What it costs to be believed. The defendant advised other patients that the medical industry responds to key words like "unable to work" more urgently than to descriptions of pain. That is what an outside-in system teaches a patient: that he is not the authority on his own body.

Numbers he uses (all sourced; citations on request)

Low back and neck pain is the most expensive condition in America, about 134 billion dollars a year (JAMA, 2020). More than 400,000 inpatient spinal fusions a year, the costliest operation in US hospitals (AHRQ). About one in five lumbar surgery patients reoperated within roughly a decade (Spine, 2007); about one in seven fusion patients within five years in recent state data. Roughly a third of fusion patients still on opioids long term (Clinical Journal of Pain, 2022). Epidural steroids: modest short-term relief, no lasting benefit, no long-term reduction in surgery (Annals of Internal Medicine, 2015).

The one question he wants every patient to ask

> *"Will this change anything, or will it make me feel better while I'm doing it?" Both answers are legitimate. You deserve to know which one you're getting.*

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