

Surgeons Versus Non-Surgeons Performing Spine Procedures: Who Does the Public Prefer?

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INTRODUCTION: Minimally invasive spine procedures have expanded beyond surgeons to include proceduralists, raising concerns about training adequacy and public trust. This study evaluated public preferences for provider type across spine procedures and assessed perceived importance of surgical training.

METHODS: A cross-sectional online survey was distributed via Prolific to 501 U.S. adults demographically matched to Census data. Participants reviewed provider training backgrounds and selected their preferred provider type—spine surgeon, proceduralist, or either—for 11 spinal procedures. They also rated the importance of surgical training for each. Multivariate regression identified factors influencing preference.

RESULTS: While 47–48% of respondents were comfortable with either provider for injections, over 75% preferred spine surgeons for endoscopic surgeries, decompressions, and fusions. More than 90% supported mandatory residency surgical training for these complex procedures. Older age and strong belief in the importance of training significantly predicted preference for spine surgeons. For injections, preferences were more evenly split, suggesting lower perceived risk and familiarity with proceduralists.

DISCUSSION AND CONCLUSION: The public overwhelmingly prefers spine surgeons for complex spinal procedures, underscoring the perceived value of surgical training and experience. While proceduralists are accepted for injections, expanding their role to more invasive surgeries without formal surgical training may undermine patient trust. These findings support clearer provider distinctions, enhanced public education, and training oversight to ensure high-quality, safe spine care.

Figure 1. Doctor Preference for Procedures

