Martin Knight

Martin Knight is an internationally acknowledged leader in Minimally Invasive Spinal Surgery. He trained at St Bartholomew's and St Thomas' and his research training was established at the Royal Postgraduate Medical School. After a short-term commission in the Royal Navy to support Orthopaedic staff deficits following the Falklands War, he embarked upon a Consultant Orthopaedic post in Rochdale with an interest in the treatment of degenerative disc disease

He has pioneered the development of aware state spinal diagnosis and Endoscopic Minimal Invasive Spine Surgery globally since 1990. He evaluated percutaneous posterolateral tubular discectomy but found the recurrence rate unacceptable and introduced KTP^{532} Laser Disc Decompression into the UK. Prospective evaluation showed that this proved effective for broad based disc protrusions. Biportal endoscopic discectomy allowed more complex protrusions to be addressed but risked aggravating borderline foraminal stenosis. Under his guidance, the team developed unique high technology surgical endoscopic equipment and the paradigm shift towards personalised tailored spinal surgery. This is predicated upon the objective of finding and treating the pain source determined from patient feedback. The technique, "Transforaminal Endoscopic Lumbar Decompression & Foraminoplasty" (TELDF) conducted in the aware state shows that in the majority of cases, back pain arises from the nerve rather than the disc. "Real-World Evidence" shows the technique to be very

versatile. It addresses disc protrusions, extrusions, sequestra, axial and lateral recess stenosis, leaking discs, high intensity zones, black disc syndrome, spinal “instability”, spondylolytic spondylolisthesis or degenerative spondylolisthesis, adult scoliosis, facet joint cysts, some forms of arachnoiditis and some cases of Cauda Equina Syndrome and a wide raft of Failed Back or implant surgery,

He is involved in polymer disc reconstruction, stem cell disc reconstruction, robotics and the treatment of osteoporotic vertebral fractures with the SpineJack technique.