Introduction: Using entrenched subsequent stabilization is a different, avoiding Arthrodesis in operated segments resulting in the need for a dynamic stabilization to allow a stable feature segment alternative. Methods: Study prospective, by autocontrol, longitudinal, of deliberate intervention, 46 patients with dynamic stabilization interspinous type Dallos 1997-2004 with 4 year follow-up analysis was performed clinical and radiographic preoperative and 4 years, evaluating: lumbar disability, pain, disc height, disc angle in neutral, flexion, extension; the results be parsed. He was the descriptive statistics and applied the test ranges with Wilcoxon sign. Statistical significance was taken when p 0.05. Results: 39 of 46 patients completed a 4-year follow-up. They were included in the study 9 women, 30 men, with an average age of 30.74 years. Affected levels were: 21 patients L4 and L5; 17-L5/S1: 1-L3/L4; an improvement in the 80.3 per cent in the level of Oswestry (P = 0.0001) preoperative pain decreased 6.8 points VAS; disc height decreased 0.1mm average without significance; disc angle in neutral increased 1.13° without presenting statistical difference; in flexion increased 2.641° (P = 0. 0002) extension decreased 0.817° average without statistical significance; the range of mobility decreased 3.416° (P = 0.004). Conclusions: The ligamentoplasty interspinous improves segmental stability, allowing a mobility within normal ranges, preserving the disc height 4 years of follow-up, offering greater dynamic stability. Success clinical improvement was been.