

Back Pain Isn't a "Life Sentence": How to Navigate your Health Recovery (Part 2 of 2)

By Dr. Connie D'Astolfo, DC, PhD (candidate)

Part 2 – In last month's article, we looked at common concerns surrounding back pain. In this month's article, we examine develop individualized treatment plans for back pain.

In setting a path to better health, the first crucial step is getting the diagnosis right. For example, in some patients, back pain may be more complicated by a "co-morbidity" associated with other illnesses such as: hypertension, instability and related falls, osteoporosis, obesity, vertigo, cognitive decline and depression. In fact, the sooner an accurate diagnosis is made, the sooner the patient can formulate an appropriate treatment plan with the goal of improving function and therefore quality of life. It is imperative to always develop treatment plans using care teams that apply evidence-based treatment modalities. One of the guiding principles for complex senior patients is that no one health care provider has all the answers. In term of basic modalities, there are a variety of common modalities utilized in therapy programs including: (a) therapeutic ultrasound which creates vibration caused by sound waves producing a heating effect that can help reduce pain, increase circulation, (b) laser therapy using electromagnetic waves to create a heating effect that increases circulation in the body's tissues in order to reduce pain and inflammation, relieve muscle spasms and increase local blood flow, and (c) electrical stimulation used safely to help manage pain, increase range-of-motion, increase circulation and reduce atrophy.

In last month's article, we attempted to dispel common concerns surrounding back pain. This month, we look at rehabilitation treatment strategies for back pain.

As a practical matter, the most common diagnostic tests include: (a) X-rays providing detail of the bone structures, and are often used to check for certain kind of musculoskeletal instability (such as spondylolisthesis), osteoarthritis, osteoporosis, tumors and fractures, (b) MRI scans are particularly useful to assess certain conditions by providing detail of the disc (such as for degenerative disc disease, isthmic spondylolisthesis) and nerve roots (such as for herniated discs or spinal stenosis), (c) CT scans, provide excellent bony detail and are also capable of imaging for specific conditions, such as a herniated disc or spinal stenosis, and (d) MRI scans are particularly useful to assess certain conditions by providing detail of the disc (such as for degenerative disc disease, isthmic spondylolisthesis) and nerve roots (such as for herniated discs or spinal stenosis) and may also be used to rule out tumors or spinal infections.

Key Points for Back Pain

1. Most back and joint pain is associated with impairment in strength and mobility; a side effect of having a sedentary lifestyle. In these cases it is best managed by temporarily reducing pain in order to increase function, strength and flexibility.
2. Your back pain may not indicate serious damage even though it may be very painful, recur and, and in some cases, become chronic.
3. Chronic joint and back pain is a disease associated with risk factors, co morbidities, prevention and a natural history, which can be managed and controlled.
4. Not all patients have the same triggers to their back, shoulder or knee pain. It is important that you understand the best activities and exercises for your recovery.
5. An MRI will show many structural alterations in the spine or joints that are related to common anatomical changes from aging, which may not be causing your chronic pain. This is why information from an MRI may not always help manage your recovery.

However, there are some serious signs that your pain may be signalling to you for which you should seek **immediate** medical care:

1) Do You Have a Herniated or Bulging Disc? By way of a basic illustration, the disc between the vertebrae work to cushion the spine much like "shock absorbers" which can rupture due to certain movements, natural aging or a family history of degenerative disc disease. With a herniated or "slipped disc" the soft tissue in the discs between your joints has "spilled out" of its lining and may cause pain in your lower back or hip because the nerves there are being pressed. In some cases, this may lead to cervical radiculopathy or a "pinched nerve" as the result of a herniated disc. On the other hand, with a bulging disc, a disc may protrude but not as much as a herniated disc and you may feel pain as a result of pressing or irritating nearby nerves.

2) Do You have Spinal Stenosis? If this is your diagnosis, your spinal canal has narrowed which increases the pressure on your spine and nerves. As a result, your legs and shoulders may begin to feel numb. This symptom typically happens to older adults after the age of 60.

3) You Have Spondylolisthesis? In this case, a bone in the spine has slipped forward and out of place, usually in the lower back and can cause a disc to move forward over a vertebra. The degenerative form of this condition is often arthritis - which may weakens your spines' joints and ligaments which keep your back aligned.



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