

BACK PAIN

1. Timeline of back pain:

- a. Fit / sporty kid
- b. Quit sports at 25 due to an orthopaedic injury
- c. Continued heavy manual work despite loss of fitness
- d. or became pregnant and cared for young children
- e. gradual drying out of the lower lumbar discs
- f. sudden onset of back and or leg pain associated with a sudden rupture of the disc.
- g. rest, resulting in resorption of the disc, away from the nerve
- h. resumption of activity results in a repeat injury, initially at the same level, eventually spreading to other levels and causing stiffness of the affected level

2. Current symptoms & what they mean

- a. A ruptured disc results in micro-spinal instability and protective muscle spasm which runs up and down the length of the spine
- b. disc material in the limited space available for the nerve results in loss of nerve function (weakness, and numbness) and pain
- c. weak abdominal muscles mean that the back muscles have to do all the work to stabilise the spine

3. Prognosis

- a. Simple back pain has an excellent prognosis, but requires significant lifestyle changes - including career changes
- b. The back will continue to deteriorate at a rate determined by ongoing re-injury and activity

4. Treatment - only scientifically proven conservative treatments are:

- a. aerobic fitness
- b. core stability strength
- c. careful lifting / education around lifting

5. Surgical Options

- a. *discectomy* - removing the part of the disc that is pressing on the nerve - leaving the majority of the disc behind (this may re-rupture)
- b. *fusion* - to treat the instability in the spine, however the nearby levels may deteriorate to a similar level of pain, 10 years after the initial surgery
- c. *laminectomy* - for severe difficulties walking, and rarely performed after a young person has an acute disc prolapse