

Are You Sure About That Lower Back Pain?

A patient's account of chronic back pain takes a surprising turn...

Lower back pain (LBP) is frustrating to live with. One day you injure your back and the next day—excruciating pain—and you can hardly move. As you slowly recover, the pain eventually subsides. But for many of the 80% of Americans afflicted with LBP, pain becomes chronic. The LBP epidemic accounts for millions of lost hours in the workplace yearly.

Discogenic lower back pain (DLBP) is the most common type. It accounts for 39% of cases, compared to 30% due to disc herniation, and lower percentages for other causes. Diagnosis of LBP represents the biggest challenge for doctors because the back is extremely complex. This article focuses on the most common injuries and origins of LBP:

- Sciatica, caused by herniated (bulging or ruptured) lumbar discs, or by Spinal Stenosis
- Discogenic pain, originating from nerve endings inside the outer layers of a disc
- Degenerative Disc Disease, brought on by aging and/or injury
- Radiculopathy—nerve impingement originating from nerve root injury

With most injuries, nerve irritation occurs. Pinched nerves are painful and almost always affect nearby muscles, causing spasms. If not remedied, pain becomes chronic.

Many sufferers find that strengthening exercises targeting the back, gluts and abs is the best defense against pain and recurring injury. With degenerative disc disease, however, exercise may not be enough to stop LBP.

Even though injury occurs in the spinal area, pain can be far removed from the spine—often it is felt in the buttocks and/or legs. Nerve impingement may also cause muscular knots known as trigger points. Trigger Point Therapy has recently become quite popular—and although the root cause is not resolved, significant pain relief can be experienced.

Chiropractic care and physical therapy (PT) are often prescribed for LBP, as well as Vertebral Disc Decompression and TENS nerve stimulation. Treatment may involve more aggressive solutions such as steroids, viscosupplementation, nerve block, prolotherapy or surgery.

An otherwise normal chronic LBP case took a twist recently, with a patient having three, separate lumbar disc injuries and nerve root damage. The nerve root eventually healed, but bulging discs causing nerve impingement contributed to chronic LBP. One year into healing the nerve root injury, the patient collapsed in acute pain during a short run. For the next 5-1/2 years, pain was constant. Treatments included chiropractic, exercises, decompression, steroids, nerve block, and even online LBP solutions. Yet, pain continued to increase and sleep came only in 20-minute segments.

This patient's doctor had prescribed PT but after one visit, a job supervisor discouraged him from leaving work for further visits, and he cancelled them. Another year passed; with increasing pain and desperate for solutions, he visited his doctor. Recounting his single PT visit, he shared with the doctor something unusual that the therapist had asserted during PT that seemed unrelated to his back. Immediately upon hearing it, the

doctor instructed the patient to see a physiatrist—a specialist in physical medicine and rehabilitation, who knows the musculoskeletal system. At that appointment, the physiatrist listened to the patient’s tale then had him walk across her office. Within 30 seconds she had diagnosed his condition with pinpoint accuracy: *Advanced hip dysplasia*, or “bone-on-bone” osteoarthritis. *That* was the cause of the pain and muscle spasm, and it had also been the diagnosis of that PT specialist a year before. After surgery and PT, the pain was soon eliminated.

The measures this patient implemented certainly helped treat his LBP. But something else was masquerading as back pain, until a doctor acted on a therapist's comment. The take-away? If you’re not pain-free, leave no stone unturned...consider every possibility. The source of your pain may not be exactly what you think it is.

References:

UC Health Pain Management Center

Clinical diagnosis for discogenic low back pain, Zhang YG, et al, Int J Biol Sci. 2009 Oct 13;5(7):647-5