Disc Herniations and Chronic Back Pain: A Treatment Strategy that Works!

By: Dr. Connie D’Astolfo, DC, PhD (cand)

Ask the Doctor, Question:

I have been suffering with severe back and leg pain for over 10 months and I am unable to work or participate in any recreational activities. I have gained 15 pounds and feel fatigued, run down and depressed. My doctor thinks I may have a disc herniation and recommended physiotherapy. I have tried diathermy for over 5 months with only a small improvement in my condition. What is causing my chronic back pain? Why am I not getting better? What can I do to get rid of the pain and get back to a normal life?

Debbie (Woodbridge, ON)

Answer:

Dear Debbie,

You are certainly not alone. Back pain is a common problem and affects 80% of the population at least once in a lifetime. There are hundreds of causes of back pain, from simple sprains/strains to spinal disc herniations, arthritis, fractures or even cancer. Diagnosis of your back pain condition requires a comprehensive examination sometimes followed with advanced imaging, like CT scans and MRIs. In some cases back pain is considered benign and self-limiting, meaning it will resolve without therapy over a course of a few days. This is typically seen in most cases of minor spinal strain/strains caused by postural stresses. Your back or neck may feel stiff and achy from sitting too long at your desk or you may wake up with pain from improper sleeping postures. In these cases, stretching, hot baths and spinal stabilization exercises may be enough to assist with your recovery to achieve better outcomes.

Back pain, however, may also result from more severe injury to joint tissue, disc tissue, muscle, bone or may be a cumulative effect of multiple injuries, dysfunctions and disease. Back pain may also be a consequence of referred pain from an internal organ such as the digestive tract, pancreas or gall bladder or may be a co-morbid condition with another illness (most commonly depression, anxiety, diabetes, heart disease and obesity). In fact, back pain is now considered by the World Health Organization as a “chronic disease” because of its complex nature and the huge impact it has on our health, productivity, our economy and quality of our life.

Chronic back pain, as most chronic diseases, require a comprehensive treatment strategy and will not resolve with simple physiotherapy. Research supports the importance of planning and coordinating your treatment plan with a team of health care providers. We have found that physicians and insurers favor our evidence-based treatment plans and program based model over conventional rehab treatment plans because this model strives to achieve positive outcomes sooner without exhausting a patient’s benefits plan. This is often better appreciated by the patient, producing little or no outcomes. I will give you a real case example of one of our most recent patients, who for confidentiality reasons, we will refer to as “Mr. Douglas”.

Mr. Douglas, a 47 year old man, presented to our clinic from a referral from his family doctor. The patient complained of low back pain and severe left leg pain. The patient reported that over the last few months his left leg had begun to feel weak and he had fallen on several occasions. He also had difficulty sleeping due to the pain. His current complaint was constant severe burning pain going down to his lower leg and ankle and numbness/tingling in his toes. He rated his pain a 9 out of 10 on the pain scale and scored 33/50 on the Oswestry Disability Index and scored a 12/19 on his psychological screen. The patient had been unable to work due to the pain and had been off work for over 1 month. He was concerned about his situation and worried that he would not be able to support his family. He reported trying several weeks of massage therapy and physiotherapy with only minimal change. He was scheduled for spinal surgery in 3 months but his physician recommended he come in for a consult to see whether we could help him avoid surgery.

After a thorough history, orthopedic exam and review of his x-rays and MRI, we diagnosed the patient with a L-4-S para-central disc herniation with moderate narrowing of the spinal canal and moderate L-3-4 facet degeneration. The disc herniation had been irritating his left nerve root causing severe, sharp radiating pain down his left leg. As a consequence of his pain and disability, the patient had also become depressed and anxious. His history and exam also revealed high blood pressure, borderline elevated glucose levels (pre-diabetic) and significant weight gain since the onset of his disability. Along with his pain condition and depression, the patient was at high risk for heart disease and diabetes.

Mr. Douglas was triaged to our Spine Care Program. The program is delivered over 8 weeks with an integrated rehabilitation team. The program utilizes an innovative case-management approach to the treatment of complex spinal pain conditions. Over the course of 8 weeks at our clinic, Mr. Douglas underwent 16 treatment sessions consisting of spinal decompression, spinal manipulation, myofascial therapy, psychological counseling (cognitive behavioural therapy), dietary counseling and physical rehabilitation.

After the course of his 8 week treatment plan, Mr. Douglas’ pain was reduced from 9/10 to a rate of 2/10. The pain and numbness/tingling in his left leg was gone and was left with only minor discomfort in his low back. He lost 15 pounds, his blood pressure had normalized and his glucose levels were reduced. With the help of the psychological counseling, the patient had learned to reduce his anxiety levels. Mr. Douglas was finally in control of his life and at ease with his circumstances.

We were able to assist Mr. Douglas with a return to work plan and within a week he had successfully returned to full work duties.

Mr. Douglas was re-assessed at the one month mark and three month post discharge. At three months his pain had continued to decline to a negligible 0/10 on the pain scale and the Oswestry Disability Index reported a 0/50. He no longer had a pain complaint and was fully functional with no limitations.

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The cost of his treatment plan was less than half the cost of typical physio/ rehab care with quick and successful outcomes. Treatment is covered by most employee health benefit plans. As such we commonly get referrals from family doctors and insurance companies due to the great success of our clinical programs. —Dr. D’Astolfo

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Spinal Manipulation and Spinal Decompression Therapy?

A common treatment known as spinal manipulation is an effective treatment modality for many common biomechanical causes of back pain including spine injury, degenerative disc disease (arthritis), spinal disc injuries and chronic postural compressions. Spinal manipulation is practiced almost exclusively by chiropractors with the exception of a small segment of physiotherapists with advanced training in manual medicine. A new treatment approach known as "non-surgical spinal decompression" has gained more publicity and popularity over the past few years. Despite the growing body of evidence to support spinal decompression for back pain, there are certainly some misconceptions surrounding the therapy. Spinal decompression is essentially "revolutionized" traction. Traction has been used by chiropractors and physiotherapists for over 50 years to stretch the spinal tissues and relieve joint stiffness and pain. Spinal decompression is an advanced traction modality that has the capability to safely stretch spinal tissues within a controlled time period (known as intermittent traction) preventing spinal muscles from spasms. More excitement, the intermittent de-compressive action of the spinal decompression table also recreates a process known as "imbibitio" the natural method for disc diffusion. Your spinal discs have the potential to rehydrate under the mechanical forces of the spinal decompression unit. Over time and over the course of many successive treatments, there is clinical evidence that spinal decompression reduces pain from irritated nerve tissue and/or damaged disc material for cases of herniated disc injuries.

In carefully selected patients, spinal decompression has the capability to safely decompress spinal segments, stretching ligaments, muscles and joint tissues and effective for the treatment of disc injuries. Spinal decompression therapy, however, may not be appropriate for all cases of back pain, including some cases of advanced degeneration, advanced osteoporosis and post-surgical patients. Still, for the majority of cases, i.e. discogenic injuries, spinal stenosis, degenerative disc disease, spinal decompression therapy is typically more effective when used in conjunction with other modalities and when a comprehensive management plan is used to address dietary compromises, stress, depression, poor ergonomics and inadequate lifestyle choices.

The research is clear that some cases of back pain tend to recur and persist if any or all of these factors are not addressed. Due to its complex nature, a comprehensive approach is recommended to effectively manage chronic back pain including emphasis on pain management, education and reassurance; regeneration and repair; lifestyle modification and functional rehabilitation. This approach ensures long lasting restorative effects with fewer treatment visits and less overall costs.

Dr. Connie D’Astolfo, DC, PhD (c) is the clinical director of SPINE Group®, a med-rehab clinic located in Vaughan. Dr. D’Astolfo is pursuing a PhD at York University. She has several published peer reviewed articles and is a chapter author for two medical texts. For more information contact us at 905-850-7746 or visit our website at www.spinegroup.ca

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Feb 7, 2013: Managing your Stress and Anxiety, Paul Capobianco, MSc, C. Psych Associate
Feb 21, 2013: Managing your Back Pain, Dr. Connie D’Astolfo, DC, PhD (c)
March 14, 2013: Understanding your Fertility, Dr. Connie D’Astolfo, DC, PhD (c)

RSVP’s: Space is limited. Please register early to reserve a seat by contacting Anita at 905-850-7746 ext. 0  Refreshments will be served