DISC PROBLEMS

By: Dr. Kim Lazarus

When a person injures their spine, one of the greatest fears is that it may be an injury to a disc. If the diagnosis is indeed a disc disorder, the fear of expensive and major spinal surgery with long months of painful rehabilitation is prevalent. I have been practicing for eight years and have seen many patients with disc disorders. I have treated many and have also referred some patients for neurological and orthopedic evaluations to see if they were surgical candidates.

As a physician it is very important to know when it is okay to treat a disc disorder conservatively and when the disc problem is most likely going to need surgery. When I first examine someone I pay close attention to the way a person is moving or, in many cases, not moving. The patient's history will also lend itself to correct diagnosis. History, exam, x-ray, and MRI are key components to diagnosing a disc disorder.

There is more success treating a disc problem conservatively if there is not substantial neurological loss. What I mean is loss of feeling in the arms or legs, numbness or tingling, or muscle wasting. A patient can be experiencing some of these neurological losses and still not be a surgical candidate. Many times the odd sensations they are experiencing are from nerve impingement.

How does someone know if they have nerve impingement or if there is an actual tear or bulge in a disc? That is a difficult question. Without the advanced images we have access to, it is difficult to definitively diagnose. MRI's are great tools to be able to get an idea of what truly is going on. However, there are times when conservative treatment can still prevent surgery.

What does conservative treatment consist of? Conservative treatment can include, but is not limited to, chiropractic manipulation, massage, ultrasound, interferential, hot and cold packs, acupuncture, bracing, traction, and therapeutic exercises.

When an injury first occurs, it is called an acute injury. This is when the area swells up, there may be a great deal of pain, and motion restriction is present. In this stage of injury, treatment should mainly consist of rest, ice, compression, and elevation. This stage is very vulnerable to further injury if the necessary precautions are not taken. In my practice this stage usually consists of ice packs, back or neck braces, and a therapy like interferential to begins to push out the inflammation. This stage is the 24- 48 hours after the episode began. This phase may last longer depending on how the patient deals with the initial problem.

The next stage is sub-acute. The sub-acute phase is when the swelling starts to dissipate, the pain lessens, and some motion is coming back. At this stage a little more therapy can be applied. I can begin performing minor manipulation and have a patient perform exercises in small ranges of motion. Traction can also be a good option at this point if done carefully and supervised.

This stage can determine the outcome of the injury. If a patient is willing to comply with their assigned treatment plan, the recovery can be almost complete. When an injury occurs to a disc, most likely there is not going to be 100% recovery. Most disc injuries, unfortunately, don't get full recovery.

When I teach a back safety class I can always tell who has injured their back previously. These are the folks that have good form when lifting. They were taught and continue to perform good habits because they do not want to re-injure their backs.

Injury prevention is the key to avoiding a disc injury. Disc injuries usually occur from bad ergonomics. Improper lifting and postural overload are the most common ways to injure a disc. A disc can be damaged at any region in your spine. The most common ones are L4-5, L5-S1 in the low back and C5-6 in the neck.

The best advice I can give to you is if you start to feel a twinge, stop doing what you are doing, rest, and stretch. There are many easy basic stretches to do at times like this. Now if you are lifting up a couch and have not discussed how you are going to lift this couch with your partner, or have not checked out your path of travel in advance, or failed to test the load first…….well, that one lift may be your last.

This one incident may not be completely responsible for causing the disc to herniate, protrude, or tear. This very well may have been an example of a repetitive motion problem. If over the years, a person continues to perform the same motions incorrectly, over time the area is going to wear out and finally give out. I see more repetitive motion problems as a precursor to disc problems than any other mechanism of injury. It wasn't one specific incident that caused the disc disorder; it was merely "the straw that broke the camel's back."

Disc problems can be difficult to treat and the rehabilitation is time consuming and painful for the patient and frustrating for the practitioner because of the slow recovery rate. For that reason I decided to do injury prevention consulting work. I felt that as a chiropractor I could do more service to people if I helped educate them on better habits of daily living so they could prevent an injury rather than focusing on helping the repair process.

Finally, let me congratulate those of you who have not had back pain or a related disorder. Consider doing preventative back strengthening exercises so you will stay injury free. I would also like to encourage those of you who have had back problems to consider adding back strengthening exercises to your daily practice. Statistically, those people who have had a back injury are less likely to have another episode if they perform these daily exercises.

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