

## Rosewood Chiropractic Clinic

### Causes of back pain:

- Arthritis
- Sprain/strain
- Muscle spasm
- Fractures
- Tumors
- Infection
- Subluxation/  
Segmental Dysfunction

#### Arthritis is commonly called:

Degenerative Disc Disease  
Osteoarthritis  
Spondylosis  
Degenerative Arthrosis  
Degenerative Joint Disease

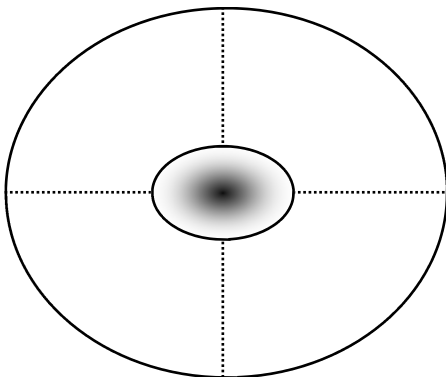
### IS MY BACK PAIN DUE TO DISCS?

Research shows that low back pain is the leading musculoskeletal cause of human impairment and disability. In the early 1980's, crude MRI images began appearing as a diagnostic tool for back pain sufferers. At that time, most low back pain cases with disc involvement were considered surgical cases. However, recent research has discovered that disc bulges or herniations found on MRI may have no clinical significance. This means that a great percentage of herniated or bulging discs identified on MRI imaging could resolve naturally without surgical intervention.

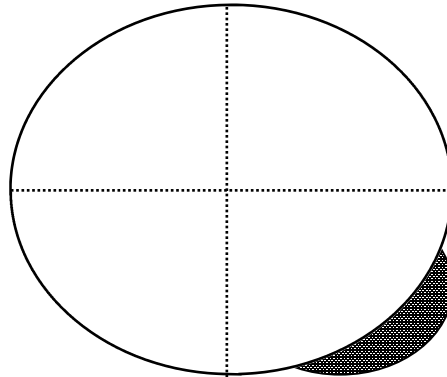
Most back pain experts agree that a minimum of 2 months of conservative care should be implemented prior to invasive procedures such as surgical intervention.

In order from conservative to invasive care, the following have been shown to decrease disc swelling, decrease muscle spasm and pain, and initiate disc regression and resorption: chiropractic adjustments, massage, electrotherapy, exercise/stretching, epidural injections and procedures such as discectomy and vertebroplasty, and finally surgical intervention such as laminectomy and fusion.

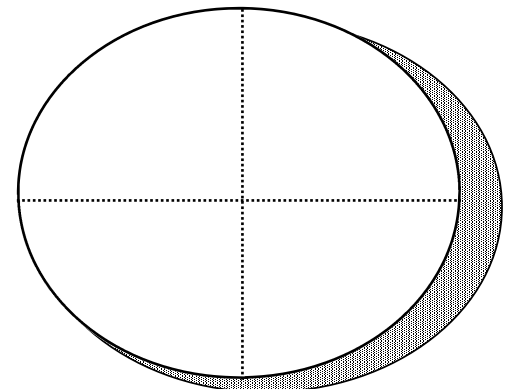
### Understanding "disc" definitions



Normal disc with equal quadrants. Made of the fibrocartilaginous annulus fibrosus and the gelatinous nucleus pulposus.



A disc **herniation** is defined as "a localized displacement of disc material beyond the limits of the intervertebral disc space." (Less than 50% of the disc circumference).



In contrast, a disc **bulge** or a bulging disc must extend beyond the disc space for more than 180 degrees (Greater than 50% of the circumference).

## RECENT RESEARCH HAS FOUND THAT BULGES OR HERNIATIONS CAN BE FOUND ON MRI BUT MAY HAVE NO CLINICAL SIGNIFICANCE:

- “Up to 27% of asymptomatic patients can demonstrate disc protrusions and 52% have disc bulges on MRI.”
- “A great percentage of herniated discs identified on MR imaging will eventually resolve without surgical intervention.”
- “One recent study by orthopedic surgeons found that patients with uncontained disc herniation did not require surgery and had good outcomes if the patient could tolerate 2 months of pain.”
- In a 1994 study published in the New England Journal of Medicine, it was found that 36% of patients with no back pain had normal discs. This means that of the study sample, 64% of people WITHOUT back pain had disc abnormalities.
- As early as 1956, it was shown that at postmortem examination, that 39% of people with no back pain had disc protrusions.
- Current research has stressed the importance of attempting conservative care initially, while monitoring the patient carefully, if there are no “red flags” present.
- “Previous back surgery is associated with significantly worse general health status than those without surgery.”
- Several recent studies have reported “spontaneous regression” of disc herniations, especially those that are extruded or sequestered.
- Most back pain experts agree that a minimum of 2 months conservative care should be implemented prior to surgical intervention.

**“A GREAT PERCENTAGE OF HERNIATED DISCS IDENTIFIED ON MR IMAGING WILL EVENTUALLY RESOLVE WITHOUT SURGICAL INTERVENTION.”**

### References

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