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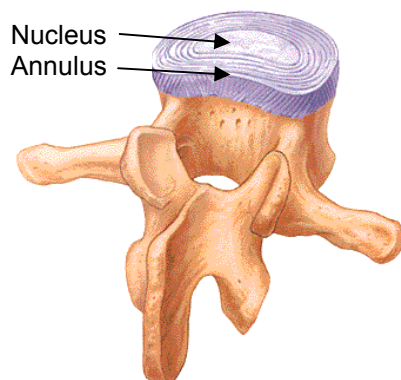
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Acute Lumbar Disc Pain

Approximately 80% of people will experience low back pain (LBP) at some stage in their lives. In some cases this pain will be quite severe and may prevent them taking part in their usual work or day-to-day activities. Such pain can be due to a disc injury, sometimes referred to as a ‘slipped’ or ‘bulging’ disc.

How does it happen?

A disc sits above and below each vertebra and consists of tough circular fibres (annulus) surrounding gel-like material (nucleus). Discs act as shock absorbers for the spine and also form one of the joints between adjacent vertebrae. Bending forward (sitting, doing up shoes, lifting etc) pinches the front of the discs which in turn forces the gel of the nucleus towards the rear, this places the fibres at the back of the annulus under strain. If this strain is excessive (such as with heavy lifting or twisting) or prolonged (as with constant sitting) or due to genetic predisposition a tear may develop in the annulus. A tear in the disc may be painful of itself and depending on its size may result in part of the disc touching on a nerve as it exits the spinal cord between the vertebra.



Symptoms

Pain may be felt anywhere in the lower back, the buttocks or the legs, frequently on one side more than the other. Sensory changes such as pins and needles or numbness, a feeling of heaviness or burning sensation are common and these indicate involvement of the nerve. In most cases pain is worse when the spine is bent forward and may ease with lying down or walking. Trouble straightening up after sitting is common as is increased pain and stiffness on rising in the morning, some relief may be found with gentle movement in a hot shower. Acute disc injuries may also cause spasm in the muscles around the lower back, making movement very restricted and painful. In some cases there is also a ‘shift’ meaning that the shoulders are pushed over to one side and standing up straight is painful or impossible.

Shop No. P16, NorthPoint, 100 Miller St. North Sydney. NSW – 2060

T – (02) 99222212 F – (02) 99225577 W: www.physio4all.com.au

E: info@physio4all.com.au

ABN: 77 548 297 578

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Management

In the acute stage, reducing pressure on the damaged fibres of the disc is the primary concern. During this period, time off work is often necessary with time spent at home resting to allow healing to occur. Bending, lifting, driving and prolonged sitting all increase disc pressure and need to be decreased, or if possible avoided. Your physiotherapist will help you find the most comfortable position for you, sometimes a brace or taping for support is useful and you may be advised to speak to a GP or Pharmacist regarding anti-inflammatories or pain-relieving medication. Ice or heat may also help to ease your discomfort.

As you recover you should find that pain is not as intense, not as constant and/or does not extend as far down the leg. As you progress your physiotherapist will work towards improving the quality and range of your movements through mobilisation, massage, heat, specific exercises and positioning and advice as to appropriate activities for you. Finally, you will be set a program of exercises designed to improve the function of your core muscles in order to support the spine and help prevent the frequency and severity of recurrence.

What to expect

Generally the time taken to recovery depends on the severity of symptoms, this includes both their intensity and how far down the leg they have spread, and the amount of time you have had them. While severe pain that extends to the foot may take a period of 3-6 months to resolve, with appropriate rest from aggravating activities and treatment you should expect significant reduction in symptoms within 2-6 weeks. If your symptoms fail to respond as expected despite suitable activity levels and treatment you may be referred to an orthopaedic spinal specialist or neurosurgeon for an opinion regarding management or further investigation.

The reality regarding low back pain is that you can expect some degree of recurrence in the future. You can help to minimise the degree of impact that further episodes have by ensuring optimal core stability, maintaining range of motion and being aware of posture and safe lifting techniques.

Physiotherapy tips

1. Avoid prolonged sitting, lifting and forward bending, this may require time away from work.
2. Rest in the position recommended by your physiotherapist, apply ice or heat and take anti-inflammatories as directed.
3. Try to avoid spending too long in any one position, short periods of standing, lying and walking will help you to maintain flexibility.
4. Do your exercises gently and pain-free.

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