

## *Orthopaedic Connection*

### **Easing Back Pain. The Role of Manipulation**

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#### *Transforming patient information into patient understanding.*

Back pain is extremely prevalent as most of us over age 30 are aware. This article is not meant to completely solve the riddle that is the treatment of back pain. I intend to clarify one form of treatment that is misunderstood by most patients, but can in certain instances be effective.

How many times have you heard people say that their back bones were “out of place and needed to be put back in”?

#### **Anatomy Lesson**

The spine is an extremely complex structure. Part of the back structure that most patients don't even know about is the facet joints. All most people have heard about are “the discs” in their back.

A disc is like a shock absorber and there is one between the vertebrae at each level in the back and the neck. Well, changes in discs from age, wear and tear, arthritis, etc. cause injury to those little known facet joints which are directly behind the discs in the spine.

The facet joints are surrounded by many sensory nerves that pick up pain when the facet joints don't feel well. The facet joints are stabilized by capsular and ligamentous tissue that is very strong.

When the discs wear and this puts strain on the facet joints, the little facet joints become worn (arthritis) and somewhat stiff. The mobility of the back suffers and motion in the back is lost very gradually.

Up to this point you may not even know you have a bad back! Then you do something simple – a twist or lift something and all h---- breaks loose. In short – you are suddenly miserable.

#### **Now what?**

Most of us who treat back problems recommend that you give it about 2 days of rest (it varies a lot among providers). Add Ibuprofen up to 800mg 3 times per day. Maybe a prescription muscle relaxant also. If the pain is in the lower back and maybe the upper buttocks, you do not have sciatica.

#### **The Role of Adjustment and Manipulation**

If you are not getting better after a couple of days it doesn't mean you won't. At this point the role of spinal manipulation to ease pain often comes up.

There are numerous adjustment techniques (some more forceful) as well as providers who do them. The technique should not be applied to anyone simply because their back hurts.

Selecting the correct patient who might benefit is the key. This is done by taking a good medical history, examining the patient and possibly imaging studies.

#### **Not a Good Idea**

A patient with a history of cancer (it may have gone to the bone). An osteoporotic patient or a patient with spinal stenosis and neuropathy.

#### **What Can It Do?**

Who is the best candidate? It can be difficult to know. The goal of course is to decrease pain and improve mobility of the back. Because of the wear and tear and degenerative nature of all back problems,

manipulation can't cure the problem, but it can in many cases help as part of an overall approach that includes personal exercise and non narcotic medication.

*My patients put their trust in me and what I do improves the quality of their lives.*

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