WASHINGTON PARK CHIROPRACTIC

heal thrive evolve

LOW BACK DISC HANDOUT

Low Back Pain Facts

- Disc bulges, herniation and discogenic pain are very common and can most often be diagnosed on physician exam. MRI exam can be obtained if necessary.
- Low back pain is second only to the common cold accounting for lost time from work
- More than 70% of people will experience an episode of severe back pain
- Disc injuries occur more frequently in athletes than non-athletes due to 'wear and tear'
- While low back pain can be extremely painful, conservative care including chiropractic is often the quickest way back to work, sport, family and social activities

Causes of Lumbar Disc Herniation or Discogenic Injury (Disc Injury)

Disc Injuries generally happen due to unexpected or awkward movements...or both:

- Sudden Trauma - car accident, weightlifting injury, impact during sports, BLT (bending/lifting/twisting), falls, roller coaster, trampoline
- Repetitive Microtrauma - repetitive lifting (at work, small children)
- Poor biomechanics/ergonomics - sitting, driving
- Age - more common age 35-55

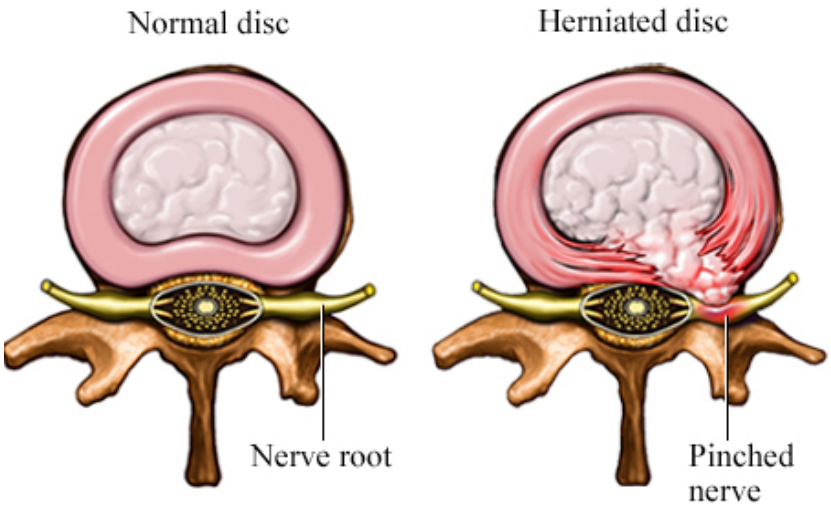
*While disc injuries generally occur due to the above, they frequently culminate during a seemingly benign activity such as brushing teeth, putting on socks or sneezing

Symptoms of Disc Injury

- Severe, sudden or gradual low back pain
- Severe back spasms
- Pain that travels into the buttock or leg
- Unable to stand up 'straight' or bend forward
- Red Flag: Weakness/unable to stand on tiptoes or heels
- Severe Red Flag: loss of bowel or bladder function, 'saddle/groin' numbness *
- Made worse with - forward bending / reaching for toes, bearing down / using toilet, sneezing, coughing, movement, lifting
- Made better with - lying flat on back / knees bent, lying on stomach (cobra) ice, anti-inflammatories, extension

Anatomy of a Disc Injury

- The outer fibers of a disc (annular fibers) are highly innervated and very pain sensitive. They are like a very thick ligament. Any tearing or spraining of these fibers is very painful and heals very slowly.
- The inner contents of the disc (nucleus pulposis) can herniate out of the outer fibers and create significant inflammation around nerves exiting the spine. When this happens, it is evident by pain that travels into the buttocks or leg.
- Not all disc injuries are herniations, in fact the majority are not. However, it is important to recognize a discogenic injury and treat it early because it can become a more severe herniation



Disc Injury Timeline

Like any sprain/strain injury, a mild disc injury can take 4-6 weeks to heal. A moderate disc injury 6-12 weeks. A severe disc herniation can heal in 6 months or more. Most disc injuries and herniations will heal with conservative treatment (without surgery).

Disc Injury Treatment in Office

Successful treatment for a mild, moderate or severe disc injury at Washington Park Chiropractic includes 7 parts

- Class IV Laser Treatment - decreases inflammation, promotes oxygen and blood flow, speeds healing, decreases pain
- Chiropractic - Goal: decrease pain, improve mobility, centralize radiating pain How: correct joint fixation, decrease disc pressure on nerves
- Nutrition - Goal: decrease inflammation. Supplement: Proteolytic Enzymes, SPMs/Omega 3s, MyoCalm, Synovix
- Kinesiology Tape - Goal: decrease pain, provide compression, stability
- Manual Therapy - Goal: reduce muscle spasm, improve muscle tone How: Graston Technique, Myofasical Release, Specific Therapeutic Massage
- Acupuncture - Goal: decrease pain, reset pain patterns, centralize radiating pain
- Spinal Decompression - depending on severity

*Treatment timelines vary but progressively move from in-office treatments to at-home protocols

Home Management / Timeline

1. **ACUTE.** Goal: Pain Relief/Healing. Stay as active as possible in **pain free** positions and find comfortable options for sitting, standing and sleeping. Avoid any painful positions.
    a. Ice - 15 minutes while lying on your back with a cloth between ice and skin (hourly and at the end of the day)
    b. Anti-inflammatories
        i. NSAIDS or other medication as directed by a medical physician if needed
    c. Sleep - on your back, pillow under knees on a firm mattress
    d. Avoid - lifting, bending, twisting, any painful movements
    e. Body Mechanics
        i. Core Muscle Activation: move with a stiff low back - as demonstrated by your chiropractor
        ii. Move in pain-free positions, avoid painful positions
    f. Exercise - *if pain free* walking to elevate heart rate is OK
    g. Stretches - *if it improves the pain*
        i. Prone Press Up - gentle cobra
        ii. Cat/cow
    h. Treatment: Individualized WPC treatment recommended up to 3x per week.

2. **SUBACUTE.** Goal: Rehabilitation. Progressively increase activity, strengthen areas of weakness, improve mobility, solidify core strength
    a. Exercises - once you are pain free or very low pain at rest, add in the following exercises as described in the Hep2PT Protocol we will send you:
        i. Cardio - walk to increase heart rate
        ii. Plank, Side Plank, trx/ring rows, bent knee hip hinge, air squat, core muscle activation, upper body strengthening as indicated
        iii. When doing any exercise, be sure to maintain your breath. If you are holding your breath at all, your disc is at risk
    b. Stretches - Cat Cow, Bird Dog, Child's Pose, Gentle Cobra, Hip flexor stretch
    c. Foam Rolling **-** as demonstrated by your chiropractor
        i. Glutes, Hamstrings, Calves, Hip Flexor, IT Band, Adductors, Chest/Pecs, Thoracic Spine
            1. Use a ***RockBall*** to foam roll your glutes, hamstrings and chest, as these areas are dense and require more force than a standard foam roller
        ii. Do **not** foam roll your lower back.
    d. Ergonomics -
        i. Set your chair at 110 degrees recline while seated
        ii. Move to a standing or transitional workstation, walk as much as possible
    e. Treatment: WPC treatment recommended up to 2x weekly.

3. **REHAB.** Goal: Restore strength and flexibility, improve endurance, Continue core strengthening, begin to resume functional exercise program (lifting, bending, plyometrics, all cardio)
    a. Exercise - once pain free at rest and with basic strength building above, begin to resume normal strength training program - maintain stiff lower back
        i. Cardio: interval running, rowing, bike, swimming
        ii. Strength: squat, deadlift, lunge progression
        iii. Stretching: Lower extremity stretches/foam rolling
    b. Mobility: Chiropractic treatment recommended up to 1x per week
    c. Weight loss if necessary
    d. Avoid - back squats, leg lifting abdominal exercises, forward flexion (knee to chest), twisting stretches

4. **RETURN TO SPORT.** Goal: Returning to sport/activity pain free and full speed/strength.
    a. Avoid activities outlined by your chiropractor
    b. Strength: Continue to focus on core strength with all activities
    c. Treatment: Chiropractic treatment recommended every 1-4 weeks depending on history, sport, activity level, goals

Other Treatment Options

Depending on MRI, symptoms, progress, if symptoms worsen during treatment we may refer you to one of our referral sources in Neurology, Neurosurgery, Orthopedics.

** If red flag - proceed to Emergency Department for immediate evaluation*

Final Thoughts

- Do not stress about your herniated disc. Stress can manifest itself as lower back pain. If you follow this guide, your herniated disc may heal completely.