



BACK PAIN

WHERE TO START?

Understand Your Pain • How to Navigate Treatment
Explore Nonsurgical Options

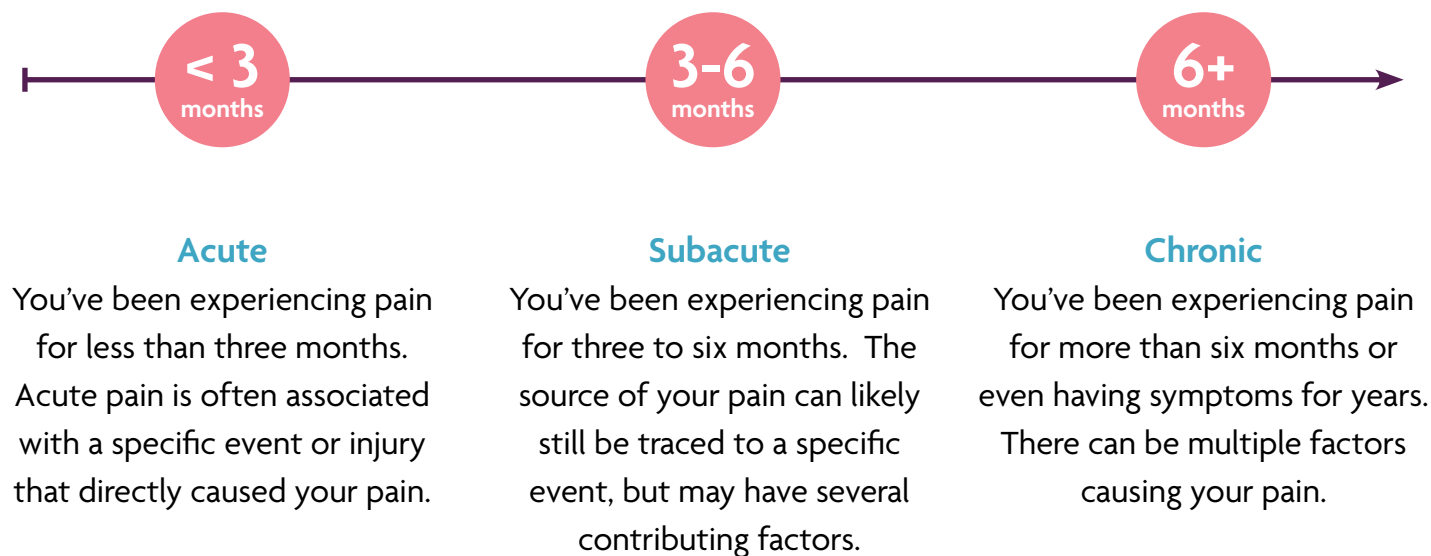


WHERE TO START?

Everyone's experience with back pain is unique and we encourage you to speak with a medical professional to create a treatment plan for your situation. In this guide, we will attempt to give you a framework to help understand your pain, present your potential treatment options, and give you tips on how to navigate the treatment process.

DEFINING BACK PAIN

Back pain falls into three main categories based on how long you have been experiencing pain:



While all back pain that is limiting you in daily life should be examined, some symptoms present more urgency than others. Keep reading to determine if your pain is likely normal, or a potential "red flag."

Normal Symptoms

Somatic Tissue Pain: this type of pain is what you feel in your skin and muscles. It feels dull, achey, gnawing, and is similar to a bruised sensation. Typically, this is isolated to one area of your body.

Neuropathic Pain: This pain comes from signals from your nerves. It feels more like a shooting, burning, pins and needles, wire being pulled taught kind of pain.

If you experience any of the above symptoms, we recommend scheduling an appointment with an interventional pain physician for further evaluation.

Red Flag Symptoms

Most concerning symptoms are linked to the possibility of being neuropathically compromised, meaning that something is likely disrupting communication between your nerves and your brain.

- Significant change in balance
- Significant bowel or bladder change (ex: not being aware of soiling)
- Loss of sensation around saddle area (also known as saddle anesthesia)
- Profound weakness in your legs
- Rapid sensory change in all four limbs

If you experience any of the above symptoms, go to the emergency room. Then, we recommend seeking evaluation by a spine surgeon.

Types of Treatment

There are three main types of treatment when it comes to treating back pain.

- Conservative Management (Physical Therapy, Chiropractic Care, Acupuncture)
- Interventional Pain Solutions (Nonsurgical, often through injections)
- Surgical Treatment

Continue reading to determine which option may be the best place for you to start your journey.

WHAT TO EXPECT

The key to treating back pain is being able to accurately diagnose what is causing your pain. Start your process by scheduling a physician evaluation with an interventional pain specialist, who can help assess your situation and present next steps.

If you know that your back pain is a direct result from a recent injury, your treatment plan will likely lead to a more direct solution. However, if you are experiencing chronic pain, your treatment will likely be a multi-step process. Multiple factors contribute to the development of chronic pain. Reaching an accurate diagnosis can take more time, and an effective treatment plan often involves many different interventions.

Nearly all treatment plans will integrate physical therapy. The combination of passive and active treatment is highly effective and leads to more positive outcomes. Let's define both types of treatment.

	DEFINITION	EXAMPLE
Passive	A short-term treatment or procedure to you to help treat your pain.	<i>You receive an injection to reduce inflammation and pain.</i>
Active	A long term plan, where you actively work on your movement and postural patterns in order to heal, progress your activity level, and reduce future risk of injury.	<i>Physical therapy focused on strengthening your core and back muscles to improve your mobility and overall functional ability.</i>
Together	An example of passive and active treatment working together is if you were to get an injection to reduce your pain level, so that you can take advantage of a greater range of motion in physical therapy and recover more quickly.	

EMBRACE YOUR RECOVERY

Studies have shown that **if you take an active role in your recovery, you will increase your chances of a positive outcome.** (Keedy)

How do you take an “active” role over a “passive” role? If you believe that your actions can make a difference in decreasing your pain and improving your outcome, and you embrace the idea that you are an active participant in your own recovery, then you are taking an active role! The opposite would be the idea that you aren’t able to do anything to decrease your pain, and the only way forward is either up to fate, or for someone else to “fix” you.

At Panorama, we highly encourage you to engage in your recovery. We aim to empower you by helping you understand why you are experiencing pain and what we are doing to treat it, and how you can actively address it. This is especially true for those suffering from chronic pain, where it’s challenging to define why you’re experiencing pain. **The more you understand about your condition, the more you can participate in your treatment versus fearing the unknown.**

For those experiencing chronic pain, one practical way to take ownership in your recovery is to help define your problem and set realistic goals to achieve.

Ask yourself:

On a scale of 1-10, how big of an impact does your pain have in your daily life? (i.e. functional limitations, what goals does it keep you from, etc.)

Now, it may not be realistic to be pain free in a matter of weeks, but what is a realistic number you could live with on the above scale?

NONSURGICAL OPTIONS

The vast majority of back pain does not require surgery, and there are many non-surgical methods to explore. Here are the general categories of nonsurgical pain treatments that could help you in your pain recovery journey:

- **Physical Therapy** (recommended with majority of cases): Prescribed movements, hands-on treatment, and patient education to restore function and protect from future risk of injury
- **Myofascial Trigger Point Treatment**: injections that focus on releasing tension and tightness in your muscular trigger points
- **Steroid Injections** (ultrasound guided): anti-inflammatory medicine to treat a wide variety of conditions
- **Tenotomy** (ultrasound guided): procedure to repair damage to your tendons, including removing dead tissue if needed
- **Orthobiologic Procedures**: these minimally invasive procedures use natural substances to promote faster healing
 - **PRP – Platelet Rich Plasma**: Uses your own platelets to help accelerate your healing
 - **BMAC – Bone Marrow Aspirate Concentrate** (Commonly known as “stem cell treatment”): Uses many cellular components from your bone marrow to alter the cellular environment of tissue and restore function
- **Fluoroscopic Procedures**: Procedures that use video of what’s happening inside of your body. Used to help diagnose conditions, as well as guide minimally invasive procedures.
 - **Fluoroscopy-Guided Steroid injections**: for inflammation
 - **Fluoroscopy-Guided ablative procedures**: a minimally invasive procedure using heat or cold to destroy abnormal tissue causing you pain
- **Nerve Stimulation Treatments**: The use of low-voltage current to treat pain
 - **Spinal cord stimulation**: an implanted device that sends low-voltage current into your spine to help treat pain
 - **Peripheral nerve stimulation**: Uses electrical energy to block certain pain signals to the brain, and help change the behavior of nerves sending chronic pain signals

CONSIDERING SURGERY?

There are several cases where a surgical solution may be a good fit for you. Something to consider, is that your insurance may require that you complete a non-surgical treatment plan before authorizing surgical treatment.

Please note that every case is unique, and this is not a comprehensive list of who should see a spine surgeon

Red Flag Symptoms

First of all, if you are experiencing any of the red flag symptoms described on page one of this guide, your physical therapist or interventional pain physician will likely refer you directly to a spine surgeon. These symptoms point to conditions that require prompt management to avoid a quick deterioration of your quality of life.

Inflammatory vs. Mechanical Issues

Pain often has two components: inflammatory and mechanical. Interventional pain physicians treat the inflammatory component and, if it is severe, spine physicians treat the mechanical component.

A good example of this is a disc herniation. A disc is like a tire: tough on the outside, but a toothpaste-like gel on the inside. If you have a herniated disc, it means that some of that gel has leaked outside of the tire. In most cases, you feel pain from the inflammatory response your body produces when it cleans up the leak. Your pain is caused by inflammation when the gel irritates the nerve root, and therefore you would likely see an interventional pain specialist for initial treatment. This nerve pain is often confused with a “pinched nerve”, which is when there is a physical compression in your spine. This is a mechanical issue where you would consult a spine physician.

If You Have Exhausted Non-Surgical Options

If you have tried physical therapy, interventional treatment, and you see no improvement or even see worsening of your symptoms, it is likely time to schedule a consultation with a spine surgeon.



RECLAIM YOUR LIFE

From Back Pain

Request an appointment with one of our interventional pain physicians today at
www.panoramaortho.com/request-an-appointment

Sources

Fisioter. Mov., Curitiba, v. 28, n. 3, p. 495-500, July/Sept. 2015 Licenciado sob uma Licença ISSN 0103-5150 Creative Commons DOI: <http://dx.doi.org/10.1590/0103-5150.028.003.AO08>

Keedy NH, Keffala VJ, Altmaier EM, Chen JJ. Health locus of control and self-efficacy predict back pain rehabilitation outcomes. Iowa Orthop J. 2014;34:158-65. PMID: 25328476; PMCID: PMC4127740.

Lersten, M. and Bethany, J. (2023) 'Navigating Back Pain'.

Shirley Musich, Shaohung S. Wang, Luke Slindee, Sandra Kraemer, Charlotte S. Yeh, The association of pain locus of control with pain outcomes among older adults, Geriatric Nursing, Volume 41, Issue 5, 2020, Pages 521-529, ISSN 0197-4572, <https://doi.org/10.1016/j.gerinurse.2019.04.005>.

Zuercher-Huerlimann E, Stewart JA, Egloff N, von Känel R, Studer M, Grosse Holtforth M. Internal health locus of control as a predictor of pain reduction in multidisciplinary inpatient treatment for chronic pain: a retrospective study. J Pain Res. 2019 Jul 8;12:2095-2099. doi: 10.2147/JPR.S189442. PMID: 31372026; PMCID: PMC6626892.