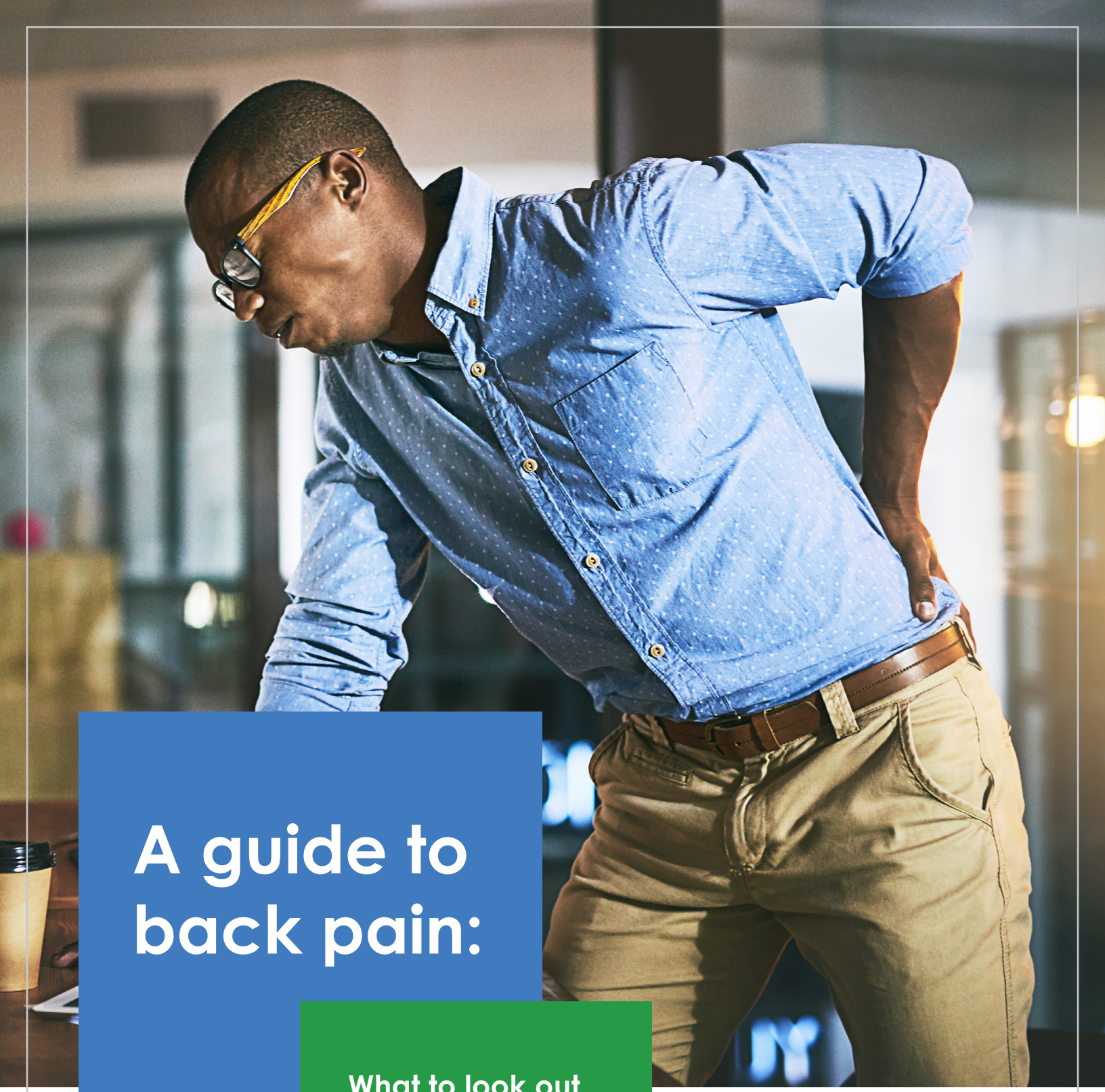


A guide to back pain:

What to look out for, when to get treatment, and how to find a doctor.

DR. MARK VALENTE

Almost everyone experiences back pain at some point in their life. For some, the pain is mild and temporary, and may go away on its own. But for many others, back pain requires a visit to the doctor followed by a treatment plan.

In this guide, you'll learn about some of the most common conditions, symptoms that may be cause for concern, treatment options to get you well and back to living your life, and your best options for getting care. Back pain may be inevitable, but it doesn't have to last.

Is it serious?

We're all guilty of diagnosing ourselves from time to time. Who hasn't used "*Dr. Google*" to figure out if we're sick or what that pain in our foot could be? **The problem with self-diagnosis, especially when it comes to back pain, is that we risk further progression or degeneration by not getting prompt treatment.** In severe situations, we may even be risking permanent nerve damage and/or spinal cord injury. Not to mention the fact that the longer we go without being seen, diagnosed, and treated, the longer we have to endure the pain.

This underscores two larger problems with back pain:

- **The underlying source of the pain is not typically known until tests are done. Because pain can travel through nerve pathways, you may have a cervical or neck condition but feel pain down your arm into your hand, a thoracic or middle back issue that causes great pain in your rib cage, or a lower back pain condition that causes pain, numbness or weakness into your legs and feet making it difficult for you to walk.**

- **Many spinal conditions have symptoms in common. You might think your condition is something minor that will heal on its own, but it could be a serious issue that could become dangerous and cause permanent impairment if left to progress without treatment.**

This is why it's so important to see a doctor and get an accurate diagnosis.

When to see a doctor

If your back pain lasts for more than a couple of days, if your symptoms are disabling, or if the pain is severe, make sure to see a doctor promptly. It's also important to watch out for loss of bladder or bowel control, which could mean cauda equine syndrome. This is a medical emergency that, in rare cases, can be caused by a ruptured disc. Immediate medical attention is necessary to avoid permanent disability.

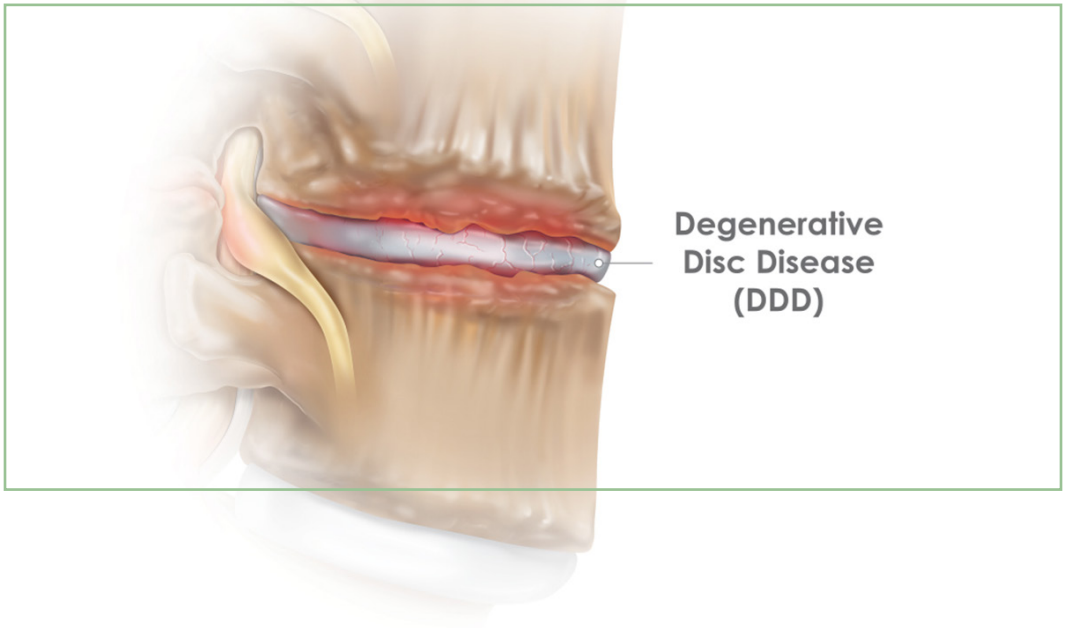
Lower back pain: A case study

Lower back pain is the second most common reason why someone sees their primary care physician. The pain can be sharp and sudden, can come on as shooting pain, or can be more like a dull ache that won't subside. No matter how it manifests, lower back pain can be disruptive and debilitating.

There are countless reasons your lower back may hurt. Perhaps you slept in an awkward position or you overdid it at the gym. A little rest and some over-the-counter anti-inflammatory medication like Advil or Motrin may be enough to get you back to normal. Then again, if your pain isn't gone within a few days, it may be time for other types of treaments.

Lower back pain conditions

Degenerative disc disease, annular tears, herniated discs, spinal stenosis, facet arthritis, spondylolisthesis and scoliosis are just a few conditions that can cause or contribute to lower back pain.



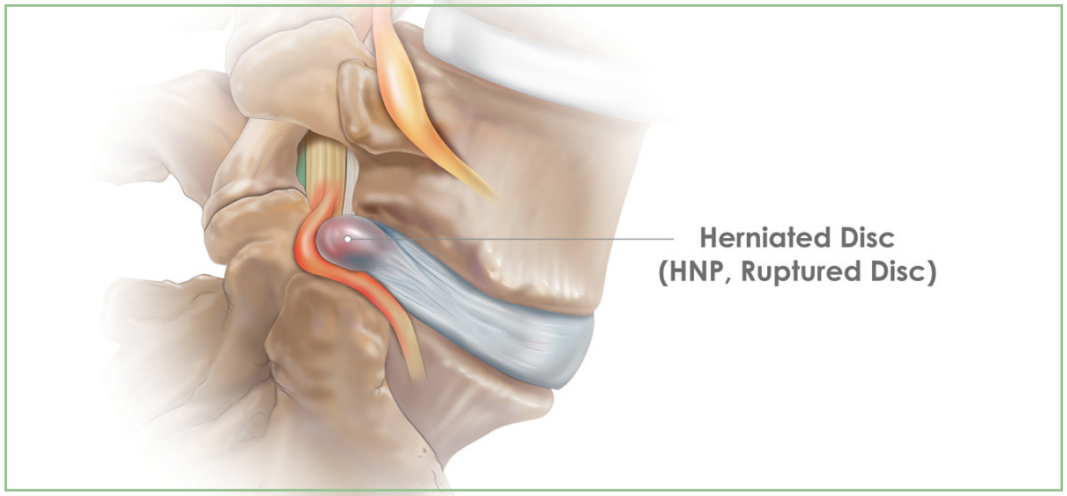
Degenerative disc disease is on the rise as populations age and is linked to pain that worsens while sitting. Other symptoms include:

- ***Low back pain that radiates into the legs and buttocks***
- ***Chronic neck pain that radiates into the arms and hands***
- ***Pain that increases after you bend or twist***
- ***A pins-and-needles sensation***
- ***Weakness or numbness in the arms or legs***

The pain from degenerative disc disease can also come and go for days, weeks, or even months, and may get temporarily better after walking or exercising. **Degenerative disc disease is progressive and typically worsens over time.** The pain can start out mild but eventually may interfere with your life. Degenerative disc disease can also lead to more serious conditions like bone spurs, disk tears, herniated discs, spinal stenosis, and compression of nerves without treatment.

Ruptured (herniated) Disc: A case study

The disc is the cushion inbetween two adjacent spinal bones (vertebrae). The disc, under normal conditions, is made up of approx. 95% water. With unfortunate genetics, advancing age, wear and tear, etc. the disc can lose water content and become dried out or dessicated. This can lead to disc degeneration, tears (annular tears) and disc herniations.



Symptoms of a herniated disc in the back vary depending on the individual and the location and size of the herniation. A worst-case scenario is having the disc pressing on a nerve, which can be extremely painful. Other symptoms may include:

- ***Neck pain that radiates into the arms and hand***
- ***Back pain that radiates into the legs and feet***
- ***Numbness and tingling in the arms or legs***
- ***Arm or leg weakness***
- ***Pain that keeps you from being able to comfortably walk even short distances***
- ***Pain that gets worse when you're active and subsides with rest***

The sciatic nerve is the confluence of 5 nerves that originate from the low back. The L4, L5, S1, S2 and S3 nerve roots leave the spinal canal and then join together in the buttocks region to form the sciatic nerve. The sciatic nerve then travels down the back of your leg. True injury to the sciatic nerve is actually pretty rare. The term "sciatica" is often referred to when people experience pain that originates in the back and travels down the buttocks and into the leg. When a specific nerve is compressed in the low back and symptoms of leg pain or numbness and tingling run down the leg in the distribution of the nerve, it is referred to as radiculopathy.

What does sciatica feel like?

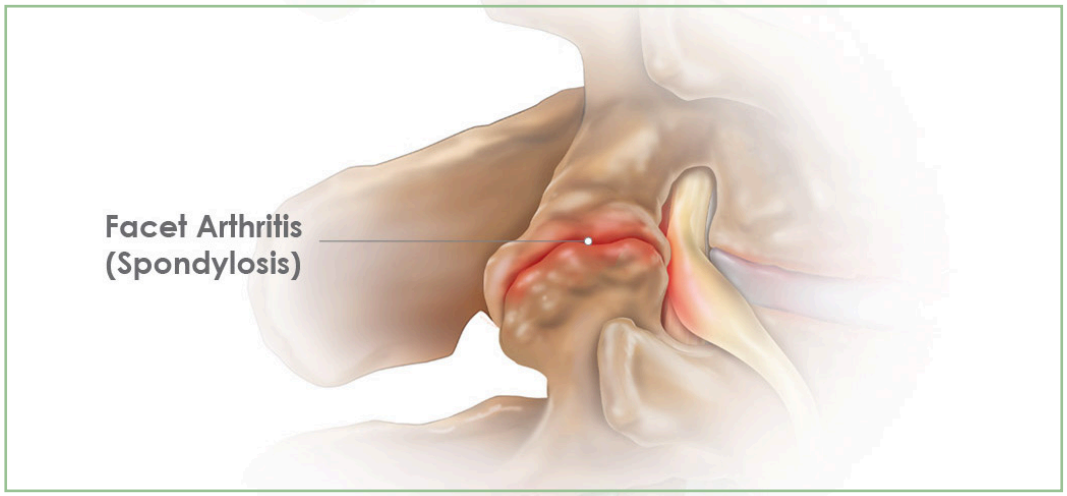
Sciatica can manifest as pain, burning, tingling or numbness radiating down into the buttock, leg and/or foot. This pain can be sharp and severe, and make it hard to stand, walk, straighten your leg, or even sit.

Often, when people are experiencing pain that travels down the back side of their leg it is from a herniated disc that is compressing a nerve in their back. Most herniated discs improve in a matter of a few weeks without surgery. Conservative treatments typically include medication to control the inflammation, a combination of heat and cold in the acute phase, physical therapy and/or injections. If there is still not sufficient relief, the next step may be a minimally invasive procedure called a discectomy. Minimally invasive discectomy is a surgical procedure for herniated discs in which the part of the disc that is applying pressure to the nerve—and which is causing the symptoms—is removed.

About 95% of the disc is left intact. Minimally invasive discectomy is an outpatient procedure performed through a small incision. Patients generally walk out within an hour after the short procedure. The procedure has minimal blood loss, is outpatient and has a suture-less tiny incision.

Facet joint pain: A case study

Facet joint issues are on the rise as a natural part of the aging process. In fact, facet joint pain accounts for as much as 63% of all back pain complaints today. These joints link the vertebrae in the spine to each other, so every time you bend, twist, or rotate, you have a facet joint to thank for the motion. Inflammation of the facet joint can cause significant and even debilitating back pain.



Facet joint issues most commonly occur at the L4-L5 level at the base of the lumbar spine but can strike anywhere along the spine. **The good news is that most facet joint issues respond well to conservative, non-surgical treatments.** When surgery is needed, minimally invasive spinal procedures are highly effective and easy to tolerate.

Facet joint syndrome is one of the most common conditions related to facet joints, caused by inflammation or injury. If the facet joint issue is based in the cervical spine, symptoms may include bad headaches and neck stiffness. If the affected joint is located in the lower back, there may be extreme pain that extends down into the buttocks and thighs.

When the facet joints become chronically inflammed it may lead to overgrowth of the joint and bone spur formation. This can lead to compression of adjacent nerve roots and lead to radiculopathy (leg pain or numbness).

Treatment for facet joint issues

Most facet joint problems can be treated non-surgically, so initial treatment plans typically include a combination of anti-inflammatory medication, physical therapy, injections and/or radiofrequency ablation called rhizotomies. If the facet joint pain has still not been eliminated, minimally invasive surgery may be helpful.

Injections for facet arthritis typically include facet injections or medial branch blocks. The facet injections involve placing a very small amount of steroid into the facet joint to decrease inflammation in the joint. The medial branch blocks involve placing a small amount of local anesthetic next to the medial branch nerve. The medial branch nerve innvervates the facet capsule and joint. The idea is that if you block the pain signal originating in the painful joint by blocking the medial branch nerve then you will feel less pain. If this local anesthetic block is effective at reducing or eliminating your back pain then you would become a candidate for a facet rhizotomy where the pain physician uses radiofrequency ablation to then burn or deaden the medial branch nerve. This can give you significant relief of your back pain, however, the medial branch nerves can regenerate in time.

The road to recovery

You may be hesitant to visit a spinal doctor because you figure the pain will go away on its own. But the sooner you are diagnosed, the sooner you can be living pain free.

At your first appointment with a spinal doctor, you can expect to have a comprehensive examination that includes your complete patient history including any symptoms you're feeling, a clinical physical evaluation and a review of any previous and current injuries and medical conditions. You will likely also have imaging to help in the diagnosis. You may need X-rays, a CT scan, and/or an MRI, depending on your condition.

Once your exam and imaging are complete, your spinal doctor will be able to make a diagnosis and determine the best treatment plan.

Why minimally invasive?

There was a time when back surgery meant a long and involved procedure, followed by a long and painful recovery. Today, minimally invasive spinal surgeries like **minimally invasive discectomy, minimally invasive laminectomy,** and **minimally invasive spinal fusions** can end chronic pain and address acute conditions easily and with minimal disruption to your life. These procedures are performed through very small incisions; some of them don't even require sutures, or hospitalization, for that matter, and many of the procedures are done with only local anesthesia.

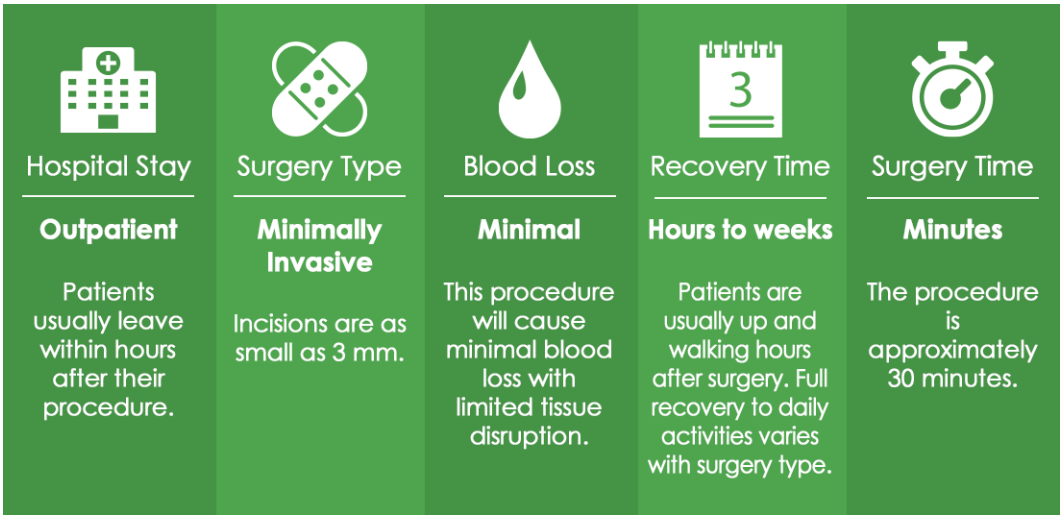
Benefits of minimally invasive surgery

Minimally invasive spinal surgery requires less recovery time than open surgeries. Blood loss is reduced and muscles and soft tissues are carefully protected. This means there is less pain, a much lower risk of infection or complications, and an easier path to a pain-free life.

Advances in technology and advanced training by leading spinal surgeons have made minimally invasive surgical procedures a popular and ever-growing option for those suffering from back or neck pain. Specialized instruments and precise techniques help preserve muscles fibers, ligaments, and tendons to minimize trauma and pain, and speed up the recovery process.

Minimally invasive spinal surgery typically means less operative time, less anesthesia, and less blood loss. Procedures are commonly done as outpatient procedures or overnight stays. This dramatically reduces the hospital time and allows patients to get back to work—and fun—significantly faster when compared to traditional surgery.

Minimally invasive spine techniques have revolutionized how back pain is treated and how patients recover and go on to enjoy their lives. Spinal centers like the DISC Spine Institute offer industry-leading, board-certified doctors who are specially trained to perform minimally invasive spine surgeries. However, surgery is used only as a last resort. The surgeons believe that spinal surgery should not be considered unless and until more conservative options have been exhausted. These leading spine specialists in minimally invasive spinal care, routinely ask themselves, "What is the least invasive approach we can do for the best result?"



Not all patients and procedures are the same. The above is an example of what the typical patient can expect from some minimally invasive procedures.

The DISC Spine Institute prides itself on making every attempt to heal their patients' pain using non-surgical options first. They are known for their conservative approach, and for providing the best patient care in the industry.

Choosing the right doctor

The doctor-patient relationship is critical. Listen to your gut when meeting with potential surgeons, and don't forget to get a second opinion. Spinal centers like the **DISC Spine Institute will often do a free MRI review**.

About the DISC Spine Institute

The DISC Spine Institute has locations in Plano, Frisco, Dallas, North Ft. Worth, Arlington, Southlake, and Decatur, and is led by some of the most trusted spine doctors in the nation with extensive training in complex surgical procedures and specialized training in minimally invasive surgery. Despite their advanced skills, the surgeons of the DISC Spine Institute take a conservative stance with patients, preferring a non-surgical approach wherever possible.

Pick the right doctor and you'll be amazed how satisfying the experience can be. It's not just about the results, but also about how you feel along the way. In some places, you may be treated like a number or even pushed into a surgical procedure you're not comfortable with. Remember that the majority of surgeons today still ONLY do open or traditional procedures because they lack training in minimally invasive spinal surgery.

If surgery is needed, it's important to choose a surgeon who is qualified to do the type of procedure you want. The surgeons at the DISC Spine Institute have a unique skill set that is shared by only a small percentage of spine surgeons. In fact, only 10 percent of today's spine surgeons have the specialized experience and technical skill to perform minimally invasive procedures like kyphoplasty, direct lateral minimally invasive anterior fusion (XLIF), and minimally invasive endoscopic lumbar fusion (TLIF) with navigation and robotics.

A note about self-care

You may be taking a wait-and-see approach with your back and aren't quite ready to see a doctor. We sincerely hope you'll make an appointment soon with a high-quality spinal doctor, but, in the meantime, these tips may help keep you safe and manage your pain.

Be careful with medication — popping open that old bottle of pain killers can be dangerous. First, the medication may be expired. But, more importantly, pain medication can be extremely addicting, even if taken for only a few days.

Don't overdue the Ibuprofen — Ibuprofen, which includes Advil and Motrin, is a nonsteroidal anti-inflammatory drug, or NSAID. It is an effective pain reliever depended on by many, but too much may be hazardous to your health. Negative side effects can include stomach upset, diarrhea, and nausea/vomiting. More serious issues may include stomach ulcers, intestinal bleeding, kidney problems, renal failure and high blood pressure.

Consider other types of pain relief — Tylenol or aspirin are obvious alternatives to Ibuprofen. Studies have shown some effectiveness of omega-3 fatty acids to help reduce pain and inflammation of conditions like arthritis. The spice turmeric is another option for its potent anti-inflammatory properties. CBD is exploding in popularity for its anti-inflammatory and pain-relieving properties and therapeutic effects. Because CBD is a different compound from THC it does not have the psychoactive properties that marijuana has. That means that while it may help control pain, it won't make you "high." CBD such as OrthogenixCBD, is also non-addictive.

Exercise caution!

Be sure to talk with your doctor before starting any new exercise program or continuing with an existing program when you're feeling back pain. You could be doing further damage.

some exercises can make your condition worse. Walking is considered a low-impact exercise, but it can be painful for some. Acupuncture, yoga, pilates, meditation, and stretching may also be helpful for pain control, but certain movements may aggravate your condition. Yoga provides a wealth of health benefits and can help alleviate back pain and strengthen the muscles in the back and core so that you're less likely to be injured or suffer reinjury. Yoga is also a great stress reliever, which can help reduce muscle tension that contributes to back pain. Several studies have shown yoga to also be effective in lowering pain and reducing reliance on pain medication for back issues. But certain yoga stretches may worsen your condition.

Contact us

It's time to be pain free! Our team is ready to help you. If you're suffering from back pain, don't wait any longer to get help. Dr. Mark Valente, Dr. Andy Indresano, and our caring staff are experts in minimally invasive surgical techniques, and they're ready to help now.

Visit www.DISCspine.com for more information and to schedule an appointment.

About the author

Dr. Mark Valente
Board Certified, Fellowship Trained
DISC Spine Institute

Meet one of the most trusted spine doctors in the nation. A specialist in minimally invasive procedures and the Founder and Medical Director of DISC Spine Institute, with locations in Plano, North Ft. Worth, Frisco, Southlake and Decatur. Dr. Valente is an expert in solving back issues and quickly returning patients to active, pain-free lives.

Dr. Valente is providing his patients with unparalleled care and treatment for all spinal conditions from back and neck pain to complex reconstructive spinal procedures. Dr. Valente has extensive specialized training in minimally invasive surgery of the spine.

Well liked by his colleagues, peers and patients, Dr. Valente is often recognized for his ability to communicate with his patients and for his bedside manner. He believes in treating his patients with the attention and respect that every person deserves. Outside of medicine, Dr. Valente's passion is for his family and world travel. He has journeyed to over 50 countries – including Guatemala, where he participated in a medical mission.