



The Pain is “Back” Again!

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Larry, 37, works on a construction site seven hours a day, six days a week. He is 20 pounds overweight and is in poor physical condition. He has recently recovered from a viral infection, but is left with a post-viral, dry cough. In the weeks following the infection, Larry notices the development of significant right lower back pain. He sees a chiropractor for the pain, but after three treatments, notices the development of pain in his right buttock region.

Larry's family physician takes a detailed history and performs a focused physical examination. He then orders X-rays and treats Larry's discomfort with pain killers.

Larry returns complaining the pain killers have no impact on his pain and he is losing sleep. His X-rays show degenerative disc disease at the L4/5 level.

His physician decides to send him for physical therapy, where he will receive ultrasound, heat and a gentle massage. Larry is given a followup appointment for a few weeks later.

Larry notices pain down his right leg, to the outside of his right calf. He is also having difficulty driving or sitting for any length of time. He denies any paresthesiae in his legs.

The physician decides to remove Larry from his work place and orders a magnetic resonance imaging (MRI) scan of the patient's lower spine.



Since being off work for six weeks and driving less, Larry is feeling better. Larry's MRI shows a large, right-sided disc herniation at the L4/5 level, with some extension into the right intervertebral space.

Larry suffers from discogenic back pain. The physician decides Larry must:

- be on a supervised back extension program to help take pressure off the disc; the vacuum effect (back extension exercises that suck in disc material) will be effective in taking pressure off the nerve causing his peripheral right leg pain,
- take a cough suppressant regularly and
- avoid the lifting and driving he does at work and the sitting he does at home.

The physician notifies the physical therapist of the gameplan.

Larry returns three weeks later. His back pain is worse, but his leg pain is better.

More back pain and less leg pain indicate the disc herniation is receding and there is less pressure on the nerve. Therefore, Larry's condition is improving due to the back extension exercise program, time off work, a modified activity program and cough suppression.

Larry returns six weeks later and his symptoms are solely in his back and at a lower intensity. His cough continues to improve as well. Is he able to return to work?

He may be able to return to work, but not in the same capacity as his regular job. He must continue to avoid any lifting, bending forward, carrying or prolonged sitting, as all of these activities will add more pressure on his disc. It is also explained to Larry that the exercises he has learned to treat his current back pain must be incorporated into his regular daily routine. He is also taught about proper lifting techniques and how to maintain a proper fitness level, as his weight adds additional strain to his lower back.

Larry is quite pleased he dodged the surgical bullet this time. However, if he decides to neglect his exercises, there is no question his pain will come "back" again!

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