What you should know about back pain

An overview of treatments at Summa Wadsworth-Rittman Hospital

Back Pain Overview
80% of all adults experience back pain at some point in their lives. Back pain is a leading cause for missed workdays. It also accounts for a majority of health care spending and doctor appointments.

There are many different causes, but often back pain is the result of muscle strain or ligament sprain. Jobs that require heavy physical work, which includes repeated bending, twisting, lifting, pulling and pushing, may contribute to back problems. More serious back problems can be a result of the aging process, normal wear and tear, or injury. Herniated disks or fractures are included in this latter group.

The good news is that the majority of back pain will resolve or get better over a short period of time. For those who continue to suffer, there is hope and help.

Did you know...

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What should you know?

Types of Back Pain
Just as there are many causes of back pain, there are many types of pain, too.
- Acute vs. chronic — Acute or short-term low back pain generally lasts from a few days to a few weeks. Most acute back pain is the result of trauma to the lower back or a disorder such as arthritis. Chronic back pain is pain that persists for more than two months. It is often progressive and the cause can be difficult to determine.
- Axial vs. radicular and referred — Axial pain stays in one area and does not travel into other parts such as legs or feet. The cause for pain is usually unidentified. Radicular pain, such as sciatica, radiates or travels to other body parts. The cause can be an injured disc in the spine, but the pain will be felt elsewhere. Referred pain will come and go, and move around.

When should you seek treatment?
Although many episodes of back pain will go away without treatment, there are times when you should seek medical attention. If you experience any of the following symptoms with back pain, contact your primary care physician or go to the nearest emergency department.
- Severe pain that does not respond to ice, rest and over-the-counter pain medicines
- Pain after a recent accident, fall or injury
- Pain is persistent and continues to get worse
- Pain is worse at night
- Abdominal pain
- Feeling in legs/feet or arms/hands?
- Wobbly when standing or numbness in legs or feet?
- Difficulty passing or holding urine? Bowel problems?
- Muscle weakness, tingling, pain or numbness in your lower body, legs or arms
- If you have been diagnosed with osteoporosis, osteopenia, cancer or weakened immune system, you will want to contact your doctor if you begin to experience back pain.

Diagnosis
A diagnosis is necessary to determine what treatment you will need. Your physician will begin with a history and physical and may then order diagnostic imaging tests to give further information that will aid in his/her proper diagnosis.
- History and physical examination: Your doctor will need to know your health history and how your back pain has transpired. Symptoms of back pain may be different to each patient and you may be asked to rate it on a scale from one to 10. How do you describe your pain?
  - Mild or severe?
  - Warm or cold?
  - Pain is persistent and continues to get worse?
  - Pain is worse at night?
  - Acute vs. chronic?
  - Axial vs. radicular and referred?
- Do any of these apply to your back pain?
  - Feel it in certain positions or in one position too long?
  - Feel it in particular activities (sitting, bending, walking, cough, sneeze, etc.)?
  - Feel it more at certain times (morning, night, etc.)?
  - Stays in one spot or radiates to other areas (leg, buttocks, arm, etc.)?
  - Wobbly when standing or numbness in legs or feet?
  - Numbness in the back or genital area?
  - Tingling or pins-and-needles feeling in legs/feet or arms/hands?
  - Difficulty passing or holding urine? Bowel problems?
  - Muscle weakness, tingling, pain or numbness in your lower body, legs or arms?

Depending on your symptoms and health history, your doctor may order a blood test and diagnostic imaging tests to confirm or rule out a diagnosis. These imaging tests are available at Summa Wadsworth–Rittman Hospital.
- X-rays: Traditional x-rays use low levels of radiation to view the bones and bony structures in the body. Your doctor may order an x-ray if he or she suspects that you have a fracture or osteoarthritis or that your spine is not aligned properly.
- Computed tomography (CT) scan: A CT scan allows your doctor to see spinal structures that cannot be seen on traditional x-rays. A computer creates a three-dimensional image from a series of two-dimensional pictures that it takes of your back. Your doctor may order a CT scan to look for problems including herniated disks, tumors, or spinal stenosis.
- Myelogram: This study combines dye with x-ray and/or CT scan. It can show the spaces between the bones in your spine.
- Magnetic resonance imaging (MRI): MRI uses a strong magnetic force instead of radiation to create an image. Unlike an x-ray, which shows only bony structures, an MRI scan produces clear pictures of soft tissues, too, such as ligaments, tendons, and blood vessels. Your doctor may order an MRI scan if he or she suspects a problem such as an infection, tumor, inflammation, or pressure on a nerve. An MRI scan is needed if the pain persists for longer than 3 to 6 weeks or if your doctor feels there may be a need for surgical consultation.
- Dual-emission X-ray absorptiometry (DEXA or DXA): DEXA is a scan that measures bone density. It shows if you have bone loss or brittle bones.

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