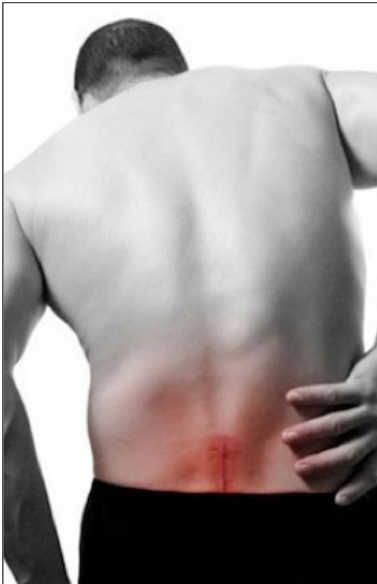


My back hurts a lot, do I have slipped disc?



Have you or your loved ones ever suffered from acute back pain which suddenly developed from a seemingly minor incident like bending forward to pick up a light object? The pain experienced may be sharp, stabbing or burning in nature, making it difficult for you to straighten up or walk normally.

Many of the patients who come into my clinic in such a state are worried that they have got a 'slipped disc', and are fearful that their back pain will not recover without surgical intervention. The important thing to note is that the severity of the pain does not necessarily indicate serious damage to the spine.

In most cases where there is no direct trauma to the spine (eg. fall from a height or motor accident), fractures are very unlikely. Neither does a sharp pain immediately suggest a disc damage or a 'pinched nerve'.

As a primary healthcare practitioner, an osteopath is trained to assess if your back pain is due to serious pathology (such as cancer) and if there is any compression of your low back spinal nerves (that may result in incontinence) requiring urgent referral. Care is also taken to check that the low back pain is not due to problems from the abdominal and pelvic organs.

The osteopath will then conduct some careful motion-testing of the patient's back, hips and legs to diagnose the tissue(s) causing the pain. In

most cases where there is no numbness, tingling or sharp shooting pain from the back to the foot; no loss of lower limb strength and reflexes, nerve impingement is unlikely. More often that not the pain is coming from a strained low back joint and muscle spasm from the low back and buttocks.

A 'slipped disc' where the inner gel is compressed out of the disc, causing inflammation and irritation of spinal nerves.

The term 'slipped disc' can be misleading because it creates the

erroneous idea that the spine is so fragile that a disc could slip out between the bones. What actually happens in a disc injury is this: the outer rings of the disc is subjected to excessive compression so much so that cracks develop and the inner gel pushes outwards. If the gel breaks through the outer rings, then we have a disc prolapse (and in layman's terms a 'slipped disc'). In such a case, the leg symptoms (shooting pain, numbness and/or tingling) is often more pronounced than the low back pain.

Patients suffering from acute low back pain need to understand that their first priority is to minimize the inflammation or swelling occurring in their strained tissues. The osteopath will manually apply gentle rhythmic traction and movement within pain limits to help reduce swelling in the tissues and relax the excessive muscle tension. In some cases, the patient will be advised to take a short dose of anti-inflammatory medication (Ibuprofen) and/or muscle relaxants. The acute pain and stiffness should subside within the next 3–5 days and further treatment can be directed to improve low back function in the next 1–2 weeks. Exercises will also be given to minimize recurrence of the back pain.

