

# Orthopaedic Observations

*A Matter of Medicine...*

*TM Pending*

## Dealing With Low Back Pain

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Back pain, particularly low back pain (LBP), is estimated to affect 80% of the population at one point or another during any individual's lifetime. At any given point in time, 20 to 30% of Americans may be experiencing low back pain. The symptoms of lower back disorders range from mild and generally tolerable, to severe and disabling. This

article will help provide an understanding of the causes of LBP and the treatment options available.

In order to understand the causes of LBP it is important to have a basic understanding of the anatomy of the lower back, otherwise known as the lumbosacral spine. The lumbosacral spine consists of five lumbar and five sacral vertebrae. These are the bones that comprise the rigid structural components of the lower back. In between the vertebrae are discs that consist of a gelatinous material in the center called the nucleus which is surrounded by a tough fibrous tissue called the annulus that keeps the gel in place. The vertebrae and discs are surrounded and supported by various different groups of muscles and ligaments that provide support and stability while allowing the motion necessary for bending and twisting activities.

Low back pain can result from muscular/ligamentous strains in which case it is often classified as mechanical or myofascial LBP. When there is a disruption of the disc it may protrude or "herniate" beyond its normal confines causing pressure upon neurologic structures which can produce severe pain. Arthritic disorders may also be a cause of LBP. In any of these situations, pain may be localized to the lower back region or it may radiate into the lower extremities. Severe pain may result in marked limitation of motion and impairment of normal activities of daily living, as well as work capabilities.

Up to 95% of cases of LBP will respond to conservative or "non-operative" treatment within six weeks. Activities should be limited to tasks that can be accomplished without significant pain. It is best to avoid total inactivity as this can lead to rapid deconditioning of the muscles that support the lumbar spine and result in an unnecessarily protracted recovery. Moist heat applied to the lower back helps relax

and relieve stiffness and muscle tightness. Anti-inflammatory medication can be used to help decrease pain. Additional prescription pain medication and muscle relaxant medications are employed when pain is severe and persistent.

Physical therapy consisting of modalities and an exercise program to restore flexibility and strength of the spinal musculature is an effective means of expediting recovery. Therapy need only continue until a patient is feeling improved and is independent in a home exercise program.

When LBP does not respond to "conservative" measures, further diagnostic testing is often needed. X-Ray studies as well as MRI and CT scans may be ordered depending on which test will best be able to provide the information needed to decide on future treatment alternatives. These studies will at times demonstrate conditions that require surgical treatment.

At The Orthopaedic Group, LLC, every possible effort is made to resolve a patient's discomfort in the least invasive and most expeditious manner.

*Louis J. Iorio spent three years in undergraduate studies at Cornell University before acceptance to Medical School at the Albert Einstein College of Medicine in New York City. Dr. Iorio began his medical career in service to our country for nine years as an Officer in the United States Naval Reserve. He served tours of active duty at the Naval War College in Newport, Rhode Island and at the National Naval Medical Center in Bethesda, Maryland. It was at the National Naval Medical Center where Dr. Iorio decided to pursue a career in Orthopaedic Surgery.*

*Dr. Iorio completed his orthopaedic residency at the University of Medicine and Dentistry of New Jersey where he was appointed Administrative Chief Resident and was responsible for supervising and directing all residents. He subsequently completed a Fellowship in Foot and Ankle Surgery at the Lahey Clinic in Burlington, Massachusetts. He has practiced all aspects of General Orthopaedic Surgery, but has also had extensive experience in Spine Surgery and Surgery of the Foot and Ankle. He has published original research on Ankle Replacement Surgery as well as review articles addressing reconstructive forefoot surgery. Dr. Iorio has also developed*

*(Physician biography continued on the back of page...)*

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*Dr. Iorio is available for emergent and non-emergent orthopaedic care on a daily basis. He is the daytime on-call physician for our practice. He has been chosen as one of America's Top Surgeons by the Consumer Research Council of America.*