

Spinal Disc Problems

For many decades, most back pain was believed to be caused by “slipped” or “torn” discs. We now know this is not true. Disc problems constitute only a small portion of the causes of back pain and rarely require surgery.

What are spinal discs?

Spinal discs are thick ligament-like outer rings, also known as annuli fibrosis, that attach to the top and bottom of each vertebra. The discs provide shock absorption, protecting the spinal cord and ensuring flexibility of the spine.

An annulus fibrosis contains a jelly-like substance called the nucleus pulposus, which is primarily made up of water. The nucleus provides shock absorption and acts as a fulcrum to direct the movement of the vertebrae.

What are the most common disc problems?

A disc “bulge” results from slight tears in the outermost fibers of an annulus fibrosis. These small tears can be painful for a short time.

A disc protrusion/extrusion, also called “herniation” is a more significant injury, when the fibers of an annulus are completely or significantly torn and some of the nucleus leaks through. A herniation can also be painful and may even cause nerve compression. In the most severe cases, the spinal cord can become compressed.

The most common disc problem is degenerative disc disease. This occurs when the nucleus loses water and small tears develop in it. The body then forms osteophytes (bone spurs) along the edges of the vertebrae, and the disc space narrows. If you have family members who have degenerative disc disease, you are more likely to develop it yourself, although the condition can also be caused by trauma or injury.

What are the common signs & symptoms of disc problems?

Common signs of disc problems include, but are not limited to:

- back or neck pain
- leg or arm pain
- stiffness
- tenderness of the spine and spinal muscles.

If you experience any of the following, seek immediate care for a spine problem:

- loss of bowel or bladder control
- inability to urinate and/or defecate
- acute loss of feeling in both buttocks and/or both arms
- inability to walk or use your arms (often from severe acute weakness)
- fever along with your back pain.

How are disc problems diagnosed?

Disc problems are most often diagnosed through a history and physical examination, including assessment of your nervous and musculoskeletal systems. Your doctor of chiropractic will most likely move your back and arms and legs into various positions while applying pressure to your joints.

Plain film X-rays are helpful in some forms of disc problems.

Magnetic resonance imaging (MRI) has become the mainstay for the diagnosis of disc problems, as it images the discs quite nicely.

How are disc problems treated?

Most disc problems are easily treated with conservative interventions. Early in the course of an acute injury, your doctor of chiropractic will most likely use several different physical modalities to control pain.

Both ice and heat have been shown effective in managing the pain of acute low-back injury.

Getting back on your feet and moving is critical. Typically, the less time you spend in bed, the better off you are.

Chiropractic spinal manipulation has been demonstrated to be a safe and effective tool in the management of disc problems, especially when combined with therapeutic exercise. Your doctor of chiropractic will most likely prescribe both for you.

In most circumstances, spine surgery and injections are not necessary in the management of disc problems-and they often cause more problems.

Can disc problems be prevented?

Stay physically active and exercise regularly. This usually means performing general fitness exercises, such as walking, running, and swimming. Your doctor of chiropractic can design a specific exercise regimen to fit your needs.

Make a conscious effort to maintain correct posture when you sit, stand, lie down, work and exercise.

When lifting objects, bend your knees, keep the object close to your body, keep your back straight and lift with your legs. Never lift an object by bending over and twisting. You'll only invite a back injury.

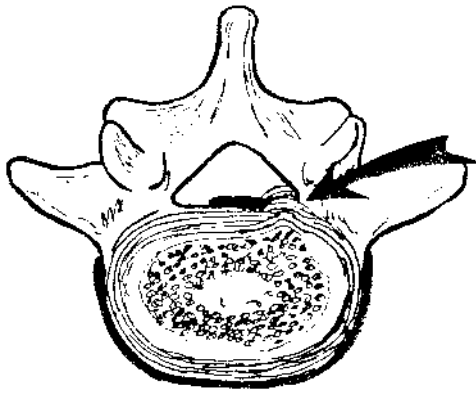


Illustration of an intervertebral disc protruding at the arrow. The outer containing ring is still intact.

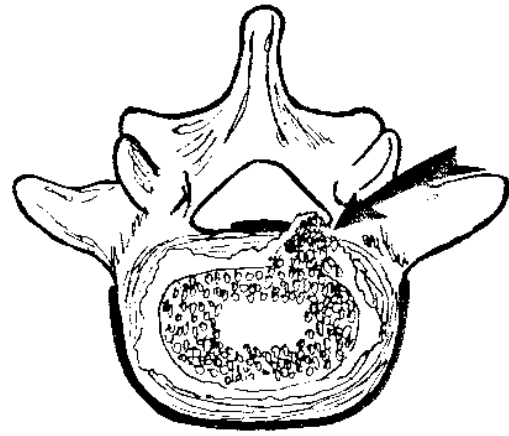


Illustration of a disc herniation. Note the break in the outer containing ring, and the nucleus pulposus going out into the neural area.