**Lumbar Disk Disorders**

**Condition:** Lumbar disk disorders include degenerative disk disease, disk herniations, and infectious causes. These disorders are caused by problems with the cushioning between the vertebrae in the lower back.

**Background:** The lifetime prevalence of low back pain is 80%, and disk disorders are the most common cause of adult low back pain. Fortunately, approximately 90% of patients with low back pain have improvement within 6 weeks without medical intervention.

**Risk Factors:** Increasing age is the most important risk factor for degeneration. Other risk factors include higher body mass index, genetics, and smoking.

**History and Symptoms:** Pain, which is often described as aching, sore, or stabbing, in the middle lower back is most common, although pain can also occur in the groin, genitals, buttocks, and limbs. The onset of the pain may or may not occur following a specific event. Pain worsens with sitting, twisting, lifting, coughing, or sneezing and improves with position changes or standing. Medical history of spine surgeries, cancer, drug use, infections, and psychiatric conditions is important for diagnosis.

**Physical Exam:** A physical exam will be performed to examine preferred positioning, body weight, range of motion, and vital signs that may indicate other causes. The painful region will be examined, and sensation, strength, reflexes, and walking ability will be evaluated. Bowel or bladder issues, numbness, or weakness indicate that more serious conditions may be at play.

**Diagnostic Process:** Blood tests can be used to determine whether whole-body infections, inflammatory diseases, or arthritis are involved. X-rays, MRI, CT, and bone scans are often used as imaging techniques to diagnose lumbar disk disorders. Since lumbar disc disorders are so common, each of these tests should be correlated with your history and physical examination. Physical medicine and rehabilitation (PM&R) physicians are uniquely positioned to diagnose lumbar disc disorders by using a comprehensive physical examination to ensure the diagnostic test results are relevant to the patient’s symptoms.

**Rehab Management:** Conservative treatment involves non-steroidal anti-inflammatory drugs (NSAIDS), relative rest, and then rehabilitation exercises. PM&R physicians can provide a precise physical therapy prescription to correct any biomechanical deficits and provide long lasting relief. If additional treatment is necessary, epidural steroid injections can be used to provide pain relief and functional improvement. Surgery including disk fusion is also an option, especially if complications (neurological problems or cauda equina syndrome) occur. In the face of chronic pain, the presence of depression or other diseases should be addressed, and exercise should be encouraged.

**Other Resources for Patients and Families:** Patients and families should receive education about injury prevention, proper posture, proper lifting techniques, and the role of exercise in treatment.

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Frequently Asked Questions

What is PM&R?
Physical medicine and rehabilitation (PM&R), also known as physiatry, is a primary medical specialty that aims to enhance and restore functional ability and improve quality of life to those with injuries, physical impairments or disabilities affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles and tendons. PM&R physicians, known as physiatrists, evaluate and treat the whole body, maximize patients’ independence in their daily life and are experts in designing comprehensive, patient-centered treatment plans to empower patients to achieve their goals. By taking the whole body into account, they can accurately pin-point problems, decrease pain, assist in recovery from devastating injuries and maximize overall outcomes and performance with non-surgical and peri-surgical options. To learn more, visit www.aapmr.org/aboutpmr.

What makes PM&R physicians unique?
PM&R physicians’ training focuses not just on treating medical conditions, but on enhancing the patient’s performance and quality of life in the context of those medical conditions. They focus not only on one part of the body, but instead on the development of a comprehensive program for putting the pieces of a person's life back together – medically, socially, emotionally and vocationally – after injury or disease. PM&R physicians make and manage medical diagnoses, design a treatment plan and prescribe the therapies that physical therapists or other allied therapists perform or that are carried out by the patients themselves. By providing an appropriate treatment plan, PM&R physicians help patients stay as active as possible at any age. Their broad medical expertise allows them to treat disabling conditions throughout a person’s lifetime.

Why see a PM&R physician?
A PM&R physician will thoroughly assess your condition, needs, and expectations and rule out any serious medical illnesses to develop a treatment plan. By understanding your condition and goals, you and your PM&R physician can develop a treatment plan suited to your unique needs.

How do I find a PM&R physician near me?
Visit www.aapmr.org/findapmrphysician or contact your primary care physician for a referral.