

May 2014 Newsletter

Guilford Orthopaedic and Sports Medicine Center
A Division of Southeastern Orthopaedic Specialists, P.A.
"We work to keep you playing!"



Vincent E. Paul, MD
Peter G. Daldorf, MD
Justin W. Chandler, MD
David A. Thompson, MD
Hao Wang, MD

Frank J. Rowan, MD
John L. Graves, MD
Mark L. Dumonski, MD
Dominic W. Mckinley, MD

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Happy Mother's Day from Guilford Orthopaedic and Sports Medicine Center!

Our office will be closed Monday May 26, 2014 for Memorial Day and will re-open at 8 am on Tuesday May 27, 2014.



Dr. Wang Discusses "Lumbar Spine Degenerative Joint Disease/Facet Joint Pain"

Back pain is a complex, often multifactorial condition affecting millions of persons worldwide. Many factors may contribute to back pain and neck pain, including vertebral instability, neuromuscular imbalance, disk disease, ligamentous disorders, inflammatory conditions of the nerve roots, facet disease, infections of the vertebral or disks and the neoplasia. The methods in which diagnostic procedures are performed to localize the source of the back and the neck pain has been used to determine the source of the pain. Recent literature supports that the lumbar facet joints have a pain prevalence of 15% to 45% among individuals with chronic lower back pain. The facet joint related pain cannot be absolutely diagnosed by history, clinical examination or radiographic imaging. The intraarticular injection can potentially provide diagnostic and therapeutic benefits.

The facet joint is a true synovium lined joint allowing the spine to flex, extend and rotate. Many conditions exist that produce facet disease. However, the major cause of facet joint disease is osteoarthritis, a degenerative condition that results in reduction or loss of facet joint cartilage, erosion of the adjacent bone margins of the facet, bony overgrowth of the facets and articular processes, and ultimately instability of the facet joint itself, which may result in vertebral subluxation. The sensory nerve endings innervating the facets and the surrounding tissues become irritated by the inflammatory process, resulting in the sensation of pain. Chemical mediators and the immunological factors likely play an important role in pain generation.

Typical facet related back pain and neck pain is the pain localized in the neck and back without any radiating pain into the arm or leg, which we call axial mechanical pain. Usually the patient will experience some pain starting gradually which is at the paraspinal area, the patient may report difficulty to change position from sitting to standing and patient usually experiences more pain with ambulating, walking or standing. Sometimes the patient says that sitting down or laying flat will reduce the symptoms, but some patients may report difficulty sleeping in bed when changing position. Typically facet related pain does not have any significant radiating pain into the extremities and also does not associate with any numbness or tingling sensation, but the patient may experience some pain into the upper thigh which we call referring pain. Imaging study which includes radiographs, CT scan and MRI may be valuable screening diagnostic tools in the evaluation of the back pain and neck pain, but imaging cannot be relied on for the diagnosis of facet related pain.

Treatment for facet related pain usually involves physical therapy with modality which includes a TENS unit. If patient failed to respond to the conservative treatment which includes physical therapy, anti-inflammatory medication and muscle relaxant, then facet injection is necessary. Facet intraarticular injection will help determine the source of the pain and also could be therapeutic. One or more facet joints in the back or neck can become inflamed and during the facet injection, one or more facet joints may be injected with a small amount of cortisone and local anesthetic combination. The procedure of facet injection is usually performed under fluoroscopy guidance to make sure the needle is inserted into the facet joints. After the procedure, most often you can go home in about 30 minutes to one hour, have an adult friend or a relative drive you. The anesthetic wears off in a few hours; when it does, your back or neck may feel more sore than usual. This is normal. Take it easy for the rest of the day. The steroids most often begin to work in about three to four days. Your doctor can tell you when it is okay to go back to work. Facet injection can last from a few weeks to a few months long. If facet injection helps the patient but only lasts for a short period of time, then your doctor may discuss with you regarding future treatment options, which includes small medial branch nerve block and then followed with a procedure called the radiofrequency denervation procedure. However, facet related pain rarely involved any surgical intervention. Anti-inflammatory medication has been showing effectiveness to treating facet related pain and sometimes muscle relaxer is also necessary. Usually the strong narcotics are not recommended to treating facet related pain. Patients need to be involved with a regular exercise program which includes walking, aquatic therapy and those exercises have been documented to be very helpful for patient's back and neck pain, which includes facet joint related pain.

Guilford Orthopaedics strives to ensure the best experience and availability to ALL our patients!



We are open Monday- Friday 8 am-5:30 pm & Saturdays from 9 am until 1 pm.
Be sure to call 336-275-3325 to schedule your appointment.

If after hours please visit our Urgent Care located at 201 E Wendover Avenue Greensboro, NC 27401 or call 336-235-BONE(2663) they are open M-F 5:30 pm until 9 pm and Sat./Sun. 10 am until 2 pm.