

Back pain

Back [pain](#) is pain felt in the back that usually originates from the muscles, nerves, bones, joints, or other structures in the spine.

It is the second reason responsible for absenteeism from [work](#) after the common flux.

Back pain is one of humanity's most frequent complaints.

Epidemiology

Back pain affects 80% of adults at some point of their life and occurs at all ages.

Classification

Back pain may have a sudden onset or can be a chronic pain; it can be constant or intermittent, stay in one place, or radiate to other areas. It may be a dull ache, or a sharp or piercing or burning sensation. The pain may radiate into the arms and hands as well as the legs or feet and may include symptoms other than pain. These symptoms may include tingling, weakness, or numbness.

see [Axial back pain](#).

see [Chronic back pain](#).

see [Low back pain](#)

Diagnosis

Physical examination

Less helpful than the history in identifying patients who may be harboring conditions such as cancer, but may be more helpful in detecting spinal infections.

1. [spinal infection](#): findings that suggest this as a possibility (but are also common in patients without infection)

a) fever: common in epidural abscess and [vertebral osteomyelitis](#), less common in discitis

b) vertebral tenderness

c) very limited range of spinal motion

2. findings of possible neurologic compromise: the following physical findings will identify most cases of clinically significant nerve root compromise due to L4-5 or L5-S1 HLD, which comprise > 90% of

cases of radiculopathy due to HLD; limiting the exam to the following might not detect the much less common upper lumbar disc herniations, which may be difficult to detect on PE

a) dorsiflexion strength of ankle and great toe: weakness suggests L5 and some L4 dysfunction

b) Achilles reflex: diminished reflex suggests S1 root dysfunction

c) light touch sensation of the foot:

- diminished over medial malleolus and medial foot: suggests L4 nerve root involvement

- diminished over dorsum of foot: suggests L5

- diminished over lateral malleolus and lateral foot: suggests S1

d) straight leg raising (SLR); also check for crossed SLR

Initial assessment

Initial [assessment](#) consists of a [history](#) and [physical examination](#) focused on identifying serious underlying conditions such as [fracture](#), [tumor](#), [infection](#) or [cauda equina syndrome](#). Serious conditions presenting as low back problems are relatively rare.

The value of early diagnostic imaging in older adults for back pain without radiculopathy is uncertain ¹⁾.

The following information has been found to be helpful in identifying patients with serious underlying conditions such as cancer and spinal infection.

1. age
2. history of [cancer](#) (especially malignancies that are prone to skeletal metastases: prostate, breast, kidney, thyroid, lung, lymphoma/myeloma)
3. unexplained weight loss
4. immunosuppression: from steroids, organ transplant medication, or HIV
5. prolonged use of steroids
6. duration of symptoms
7. responsiveness to previous therapy
8. pain that is worse at rest
9. history of skin infection: especially furuncle
10. history of IV drug abuse
11. UTI or other infection

12. pain radiating below the knee

13. persistent numbness or weakness in the legs

14. history of significant trauma. In a young patient: usually involves MVA, a fall from a height, or a direct blow to the back. In an older patient: minor falls, heavy lifting, or even a severe coughing episode can cause a fracture especially in the presence of osteoporosis

15. findings consistent with cauda equina syndrome:

a) bladder dysfunction (usually urinary retention, or overflow incontinence) or fecal incontinence

b) saddle anesthesia

c) unilateral or bilateral leg weakness or pain

16. psychological and socioeconomic factors may influence the patient's report of symptoms, and one should inquire about:

a) work status

b) typical job tasks

c) educational level

d) pending litigation

e) worker's compensation or disability issues

f) failed previous treatments

g) substance abuse

h) depression

i) [domestic violence](#)

j) homelessness

Differential diagnosis

[Back pain differential diagnosis.](#)

Treatment

see [Back pain treatment.](#)

Links

Links

arc BackCare - The Charity for Healthier Backs BOA ISSLS National Centre for Osteopathic Research (NCOR) Scottish Society of Rehabilitation Spinal News International - The newspaper for the spinal specialist Spine Health The Bone & Joint Journal The Bone & Joint Journal - Orthopaedic Proceedings The United Kingdom Spine Societies Board (UKSSB) represents the Society for Back Pain Research (SBPR), the British Scoliosis Society (BSS) and the British Association of Spine Surgeons (BASS

¹⁾

Jarvik JG, Gold LS, Comstock BA, Heagerty PJ, Rundell SD, Turner JA, Avins AL, Bauer Z, Bresnahan BW, Friedly JL, James K, Kessler L, Nedeljkovic SS, Nerenz DR, Shi X, Sullivan SD, Chan L, Schwalb JM, Deyo RA. Association of early imaging for back pain with clinical outcomes in older adults. JAMA. 2015 Mar 17;313(11):1143-53. doi: 10.1001/jama.2015.1871. Erratum in: JAMA. 2015 May 5;313(17):1758. PubMed PMID: 25781443.

From:

<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:

https://neurosurgerywiki.com/wiki/doku.php?id=back_pain

Last update: **2024/06/07 02:52**

