

Re: severe back/leg pain

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- *From:* "Robert A. Fink, M. D." <lynxer@xxxxxxxxxxx>
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On Thu, 29 Mar 2007 19:26:58 -0400, "MZB" <moo@xxxxxxxxxxxxxxxxxxxx> wrote:

Thanks Bob. It's encouraging to hear that.

I am currently seeing a P/T but I am just not confident with her. She always seems unsure as to what to try.

Can you give me a clue regarding therapy (just general-- I understand you can't give specific advice). Are you referring to NSAIDS, P/T, and other stuff??

The leg pain seems to be the most intransigent; it has been 6 days so I guess its still early

Mel

Dr. McCollister is correct:

I'm not a neurosurgeon, but I believe that "non-surgical therapy" in this

case means doing everything possible (therapy, traction, NSAID, pain medication, maybe some steroids) to keep you as comfortable as possible, or at least functional, until the protruding disk dries or otherwise stops pressing on the nerve root.

HMc<<

BUT, I have a few additional suggestions. Generally, Physical Therapy is NOT a good idea during the acute phase (other than massage, heat, ultrasound, which are modalities designed to reduce pain and muscle spasm). "Exercise" activity should be avoided until the pain has gone away.

Re: severe back/leg pain

Pain medication and NSAIDs are good treatment, and muscle relaxants (I prefer Methocarbamol, or Robaxin, in sufficient dosage). Traction (pelvic traction), in my opinion, is relatively ineffective, as one cannot get enough "pull" on the spine to make much difference.

Steroids (by pill) are, to me, a two-edged sword, as they can increase the complication rate if surgery has to be done, and unless there are other strong reasons why surgery cannot be done (heart disease, etc.), I usually try to avoid systemic (internal) steroids.

The most important treatment in the acute phase is bed rest, as rigorous as is possible. For most people, that means in bed continuously except for bathroom privileges. There are also some back braces (like the Raney Flexion Jacket) which can help a disc patient return to activity somewhat sooner than without bracing, but the brace will not work until the acute symptoms have settled down.

If the above is followed, about 85% of patients will avoid the need for surgery with the current episode. If during the above treatment, there is either no improvement or worsening (or muscle weakness of the feet and/or bladder), then surgery is indicated.

Good luck,

Bob

Robert A. Fink, M. D.
Neurological Surgery
2500 Milvia Street Suite 222
Berkeley, CA 94704-2636 USA
510-849-2555

NOTE: The material above is not "medical advice". Medical advice can only be given after an in-person contact between doctor and patient.

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