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NEWSLETTER



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Recent Advances in Chronic Low Back Pain Management

Patients with low back pain are frequently seen in both primary care and specialty settings. Chronic back pain is the second leading cause of disability in the United States. The particular challenge in cases of chronic back pain is specific diagnosis and reasonable therapy.

Lumbar strain, degenerative disc disease, spondylolisthesis, spinal stenosis, sacroiliitis, and degenerative joint disease are often the proposed explanations, however in 85% of cases no definitive diagnosis is made.

With the heavy reliance on evidence-based medicine, a series of current guidelines were recently forged at the American Pain Society National Conference.

Nonpharmacologic treatments including exercise therapy, behavioral therapy, multidisciplinary programs as well as acupuncture were recommended. The previous notion of bed rest following acute exacerbations has been challenged, with numerous studies showing avoidance of rest and increased activity as significantly more beneficial.

Pharmacologic treatment has undergone significant changes in the realm of back pain. Current strategies target specific medical management based on anatomical pathology. The treatments for facet arthropathy, sacroiliac dysfunction, spinal stenosis and lumbar radiculopathy have now been tailored in regards to effective medications. Treatments can include NSAID's, anticonvulsants, antidepressants, and opioids.

Interventional treatment of low back pain has proven to be a very effective strategy in the management of spinally mediated pain. Recent evidence points in favor of early administration of neuraxial steroids to combat inflammation very often seen in spinal stenosis and lumbar radiculopathy. The concept of discogenic back pain has led to a relative increase in percutaneous disk decompression and intradiscal electrotherapy across the United States, which have shown promising results in numerous trials.



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