Lumbar Disc Injury

What is it?

The lower back or lumbar spine is made up of 5 bones or vertebrae. The disc is made up of tough con-centric outer layers of tissue known as the annulus and a soft jellylike substance in the middle. Due to the structure of the spine and the nature of the way we move, it is almost always the back part of the disc that becomes injured.

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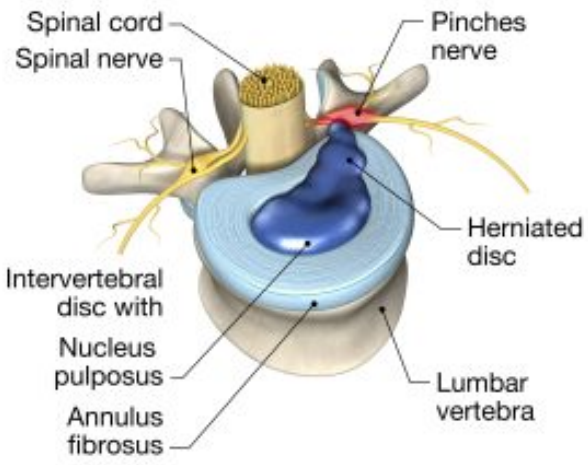

Injury to the lumbar disc will generally fall into one of the 3 following categories, increasing in severity:

- Annular strain, where the back portion of the disc becomes inflamed due to sustained or repetitive bending of the lower back, or because of a sudden unexpected force.
- Disc bulge, where the back of the disc becomes stretched and begins to bulge backwards. This generally

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tends to occur gradually over a period, although the onset of symptoms may be quite sudden.

- Disc herniation, where the back of the disc fails and the jelly like substance in the middle of the disc leaks out. This typically happens with a chronically bulged lumbar disc, and will usually result in a period of irritation to the nerve root and significant radiating pain into the leg.

Symptoms

Symptoms of lumbar disc injury are varied but symptoms include:

- Pain, generally on one side of the lower back.
- Painful restriction of movements of the lower back, commonly bending forward and sitting, which is often relieved with leaning backwards.
- Muscle spasm in the lower back and hips.
- Reduced strength of the lower back, hips and legs.

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- There may be compression or irritation of the nerve root, resulting in pain, pins and needles, numbness, or weakness in the hips or legs.

Risk Factors

Several risk factors for lumbar disc injuries include:

- Disc injuries may occur at any age but are most common between 30-50 years of age.
- Occupations which involve long periods of sitting or heavy/repeated forward bending motions.
- Poor postures and movement patterns, placing excessive flexion force on the disc.
- Poor strength of core and legs.
- Tight of the hamstrings, which restrict hip flexion and lead to excessive lumbar flexion.
- Being obese can increase your likelihood of injury.

Diagnosis

Diagnosis of a disc injury is generally made easily in the clinic based on your symptoms, movement patterns and palpation of the back. In more severe cases involving irritation of the nerve, examination of strength, sensation, reflexes and neural tension is important to determine the degree of possible compression of the nerve. Imaging is not required to diagnosis a lumbar disc injury, but it can be ordered if it is appearing to be a severe disc injury.

Management

Management of a disc injury will depend on the contributing factors to injury but typically includes:

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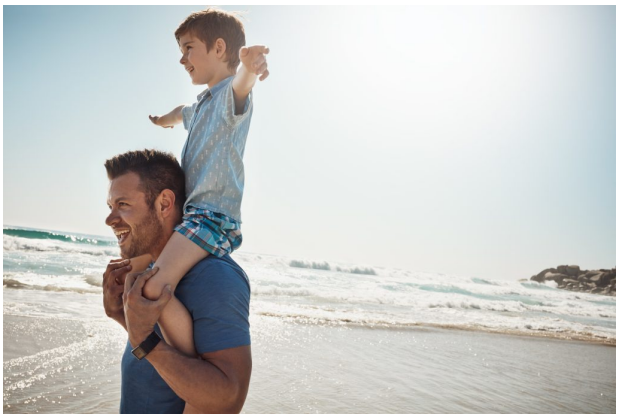
- Education around the injury, management, and prognosis.
- Pain relief if required, which may be over the counter or via the doctor if needed.
- Advice on minimising trigger movements, such as repeated bending or holding sustained slumped posture.
- Manual therapy of the lower back and surrounding structures can be utilised to reduce pain, muscle spasm, and restore joint mechanics.
- Strengthening of the lower back, hip and core musculature is typically a mainstay of treatment.
- Exercises to correct poor movement patterns that may have contributed to overload to the back
- Where indicated, exercises to restore neural mobility and function.
- In cases of more severe neural compromise, a surgical consultant may be required.



Stop putting up with the pain and limitation of a painful back. Book an appointment today with one of our expert physio for a plan to strengthen your back and get you back doing the things that you love!

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