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I) Long term course of Low Back Pain (LBP) investigated.

Hesback, in European Spine Journal (2003) and Pengel in British Medical Journal (2003) both reviewed epidemiological studies of LBP and concluded:

- there is no evidence to suggest that 80% of LBP patients are pain free within 4-6 weeks
- between 42% and 75% of LBP patients still experience LBP after 12 months
- between 44% and 78% of LBP patients experience relapses of LBP
- those with a previous history of LBP are twice as likely to experience further episodes of LBP
- acute episodes of LBP with decrease in intensity by 12% to 84% with the first 6 weeks after onset and continue to decrease over 3 months; but

most remain unchanged from 3 – 12 months

- the cumulative risk of acute episode recurrence at 1 year ranged from 66% to 84%

Take home points: LBP patients require two separate treatment strategies –

- a) Pain management for the acute episode
- b) A long term strategy of education, motivation, exercise rehabilitation, self-care.

The Agency for Health Care Policy and Research recommended NSAIDS and/or spinal manipulation for the management of an acute episode of LBP.



One of challenges of managing LBP patients is the lack of standardization in describing bone and soft tissue changes as seen on MR imaging. Based upon a recent article by Jane Bennett, MD, a radiologist from Borg Imaging in Rochester, NY, we provide the following terms and suggested definitions –

Annular tear: a weakened/torn area of the annulus fibrosis from sudden or repetitive injury to the disc. These can be circumferential and follow along the margin of the annular fibers or radial in which the tear traverses perpendicular to the direction of the annular fibers. In a radial tear the central disc material, nucleus pulposus, can leak back

through the tear. It can appear as hyperintense area on T2 MR image

Disc bulge: usually secondary to an annular tear and presents as symmetric bulging of the disc

Disc protrusion: usually involves radial annular tear in which nucleus pulposus material protrudes outside the annulus, with the attached base larger than the protruded material

Disc extrusion: usually involves radial annular tear in which the nuclear material protrudes outside the annulus, with the protruded material larger than the attached base material

Sequestered disc (free fragment): indicates nuclear material which has completely separated from the 'parent' disc, and may migrate up or down the spinal canal

B. Office News

Drs. Coulis and Furtado have been invited to lecture at the Yale Shoreline Medical Center with Judith Gorelick, MD of Connecticut Neurosurgery. They will be discussing "Current Trends in the Treatment of Age Related Spinal Disorders" on November 1, 2007 at 6:30 PM

They have also been invited to lecture through the **Connecticut Interlocal Risk Management Agency**. This lecture will educate municipal employees and supervisors on low back pain



"Specializing in the evaluation, treatment, and rehabilitation of musculoskeletal conditions."

C. Question of the Month

How does a chiropractic monitor the care of a patient ie. how do you know if your treatment is working?

- We utilize a variety of outcome tools to monitor the progress of our patients. We look for outcome tools that have scientific evidence of both validity (does the test measure what it purports to measure) and reliability (are the results reproducible) and those tools that are relevant to musculoskeletal conditions. The outcome tools we most utilize for musculoskeletal care include the following:

injuries and prevention. It is scheduled for the new year.

- a. **Oswestry Disability Index** – an indicator of functional change
- b. **Visual Analog Pain Scale** – an index of pain intensity change
- c. **Neck Disability Index** – an indicator of functional change
- d. **SF-36** – a global indicator of health, with subset of function
- e. **Musculoskeletal examination** using orthopedic tests with known sensitivity and specificity such as sacroiliac function testing
- f. **Pain Drawing** – provides a visual description of regions of pain and may provide indications of psychosocial overlay
- g. **Bournemouth Neck/Back** – accounts for psychometric involvement in addition to function and disability

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Please be aware that Drs. Coulis and Furtado are available to give a 20 minute lunchtime presentation on how a medical physician can best collaborate with a chiropractor. They are also available to give 45 minute grand round type lectures on Introduction to Chiropractic and Non-Surgical Management of Lower Back Pain. Please contact our office to schedule either Dr.

Coulis or Dr Furtado to come to your office.

If you would like some additional literature about our office and the services we provide, please contact our office and request our Introduction to the Shoreline Spine & Pain Associates package.