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CHAPTER 8

Chronic Back Pain: What To Do When the Pain Just Won't Go Away

Most people (like my father) who suffer from acute attacks of back pain usually end up treating themselves. In most cases, that's perfectly all right. In between infrequent attacks they have little or no pain. The usual treatment is a short course of bed rest, anti-inflammatory medication, ice or heating pad, massage, and walking it off. These simple measures work for the vast majority of people. But what if your pain never really goes away? What if the attacks of severe pain keep recurring at shorter intervals? What if back pain is ruling your life? What then?

If you have suffered from constant or recurring episodes of back pain for more than three months, then you have chronic back pain. Disc degeneration is the underlying cause of chronic back pain when it results in disc herniation, spinal stenosis, or spinal deformity. But what if these conditions are not the cause of your pain? What if your doctor has not been able to pinpoint why your back pain is lingering on? What if all kinds of treatment have been unsuccessful? What do you do now?

Your first priority is to find out what is really wrong. Make sure your doctor has exhausted all diagnostic tests that are

*Why has the pain lasted so long?
Is it from cancer?*

necessary. I frequently see patients with MRI scans (see section on MRI starting on page 52) that have been performed in an open scanner that are so unclear that they need to be repeated in a closed scanner. On repeating the MRI in a closed scanner, I can often detect a subtle area of nerve entrapment that explains the patient's chronic back and leg pain.

I try to determine the characteristic of the pain. Is it neurogenic, from nerve entrapment; is it mechanical, from instability of the spine; is it arthritic, from facet joint arthritis, or is it discogenic, from the disc itself, (see Chapter 1)?

It may require that you have an injection of an MRI contrast dye with the scan to detect some painful conditions. Slow-growing tumors of the spinal nerves that cause progressively severe night pain and sleep disturbance can sometimes only be detected with a contrast-enhanced MRI scan. Good-quality MRI scans are very accurate in detection of most conditions that cause chronic back pain.

Another test that is used to detect low-grade infections, arthritic conditions, and tumors that may be the cause of chronic pain is a bone scan. This test is performed by injecting a short-acting radioactive chemical called Technesium into your vein, where it is taken up by the active bone-forming cells in your skeleton. You are then placed in a Geiger counter-type scanner that detects the radioactivity and turns it into a picture of your skeleton. If the bone-forming cells in your body are reacting to inflammation from arthritis, infection, or a tumor, a dark spot will show up in the picture of your skeleton. Some bone tumors (multiple myeloma, a cancer of the bone marrow) will inhibit bone-forming cells, which will appear as a hole in the skeleton on the bone scan.

This test is useful in detecting some chronically painful conditions of the spine. One of my sons could not play soccer because of chronic low-back pain localized to one side of his spine. He was in the middle of his growth spurt, played soccer for his high school team, and was lifting weights as most young men do at that age. He could not stand on one leg and lean backward without experiencing the pain. I suspected that he had a stress fracture of one of his pars interarticularis (see page 87), a common cause of chronic back pain in growing athletes who are required to hyperextend their back (lean backward) while playing their sport. Gymnasts, soccer players,