

# NON-SURGICAL TREATMENTS FOR BACK PAIN



*Physical medicine and rehabilitation specialists, or physiatrists, are physicians concerned and trained in the diagnosis, evaluation and management of persons with physical disability.*

*Physiatrists treat a wide range of problems from back pain to shoulder injuries to spinal cord injury.*

*They specialize in restoring function to people.*

For more information contact:



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## HOW DO PHYSIATRISTS DIAGNOSE BACK PAIN?

The physiatric approach to low back pain is a very simple one. The first principle is to attempt to identify the main pain generator. Is the patient's pain going down their leg related to a nerve that is being pinched, or is it related to tight muscles? Is it the vertebral bones causing the pain, or is it the joints in the back that are making it difficult for the patient to enjoy their life. These are the types of questions we try to answer. This is made more difficult by the ambiguity of symptoms that some people experience. To help answer these questions, physiatrists perform a very careful history and physical exam, in addition to using imaging studies (such as MRI, X-rays), and different spinal injection techniques.

## HOW DO PHYSIATRISTS TREAT BACK PAIN?

- Exercise prescription
- Referral and management of physical therapy and occupational therapy
- Medication management
- Activity recommendations
- Full range of spinal injections (trigger point, epidural, intra-articular, etc.)
- Radiofrequency neurotomy

## COMMON DIAGNOSES & TREATMENTS

**NERVE ROOT PAIN (RADICULOPATHY):** Pain that starts in the low back and goes down the leg, below the knee, typically caused by a herniated disc.

AVAILABLE NON-SURGICAL MINIMALLY INVASIVE TREATMENTS:

- Medication
- Nucleoplasty
- Epidural steroid injection

**DISC PAIN:** Pain that is typically worse with sitting and is improved with bending backwards.

AVAILABLE NON-SURGICAL MINIMALLY INVASIVE TREATMENTS:

- Epidural steroid injection
- Intradiscal electrothermal therapy

**FACET JOINT PAIN:** Pain located in the low back that does not radiate below the knee, typically worse at the end of the day and improved with sitting.

AVAILABLE NON-SURGICAL MINIMALLY INVASIVE TREATMENTS:

- Facet joint injection
- Radiofrequency neurotomy
- Medial branch blocks

**SACROILIAC JOINT PAIN:** Pain in the upper buttock which may be worse on one side than the other. Pain typically increases with walking and does not go below the knee.

AVAILABLE NON-SURGICAL MINIMALLY INVASIVE TREATMENTS:

- Sacroiliac joint injection