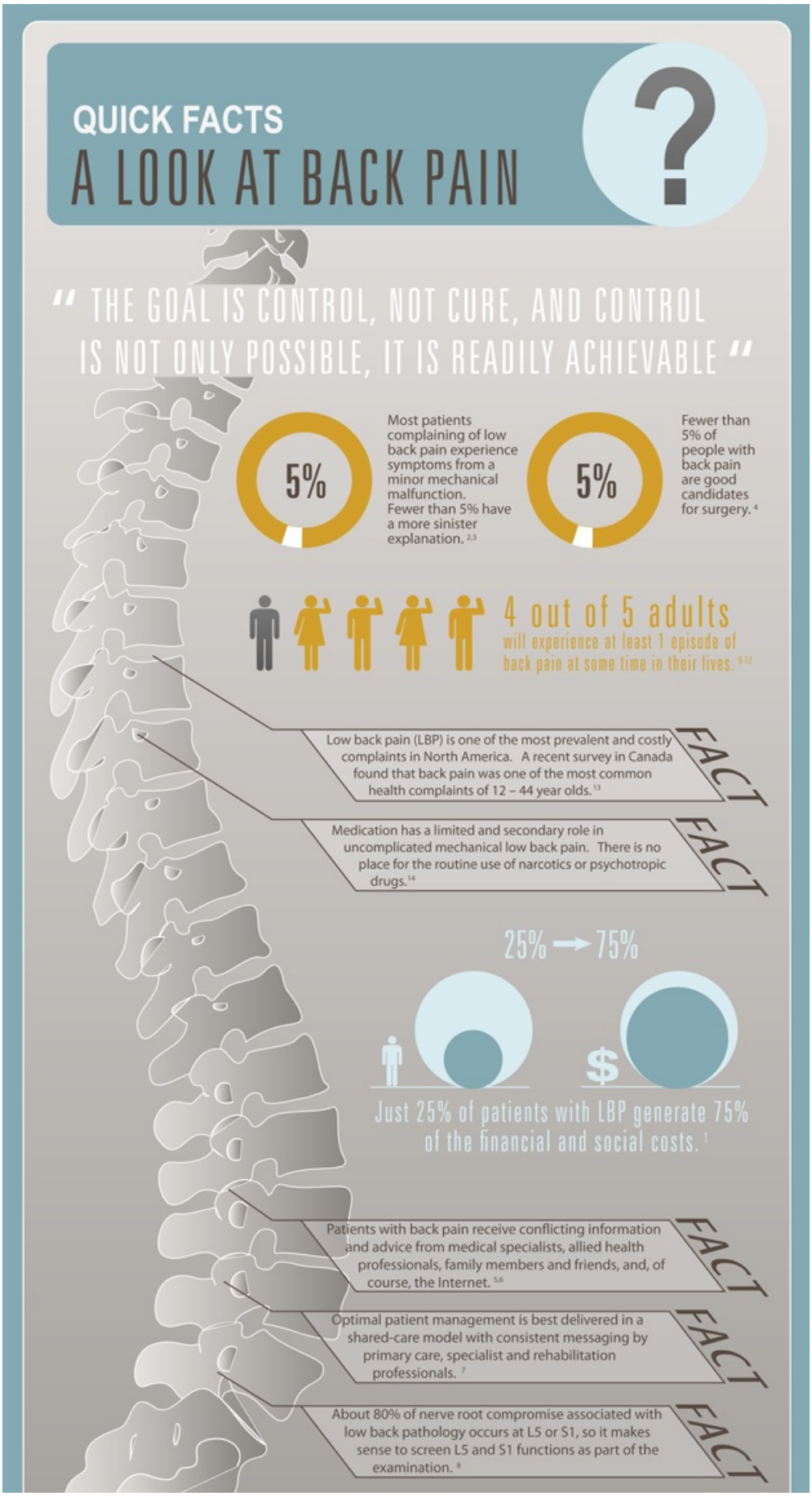
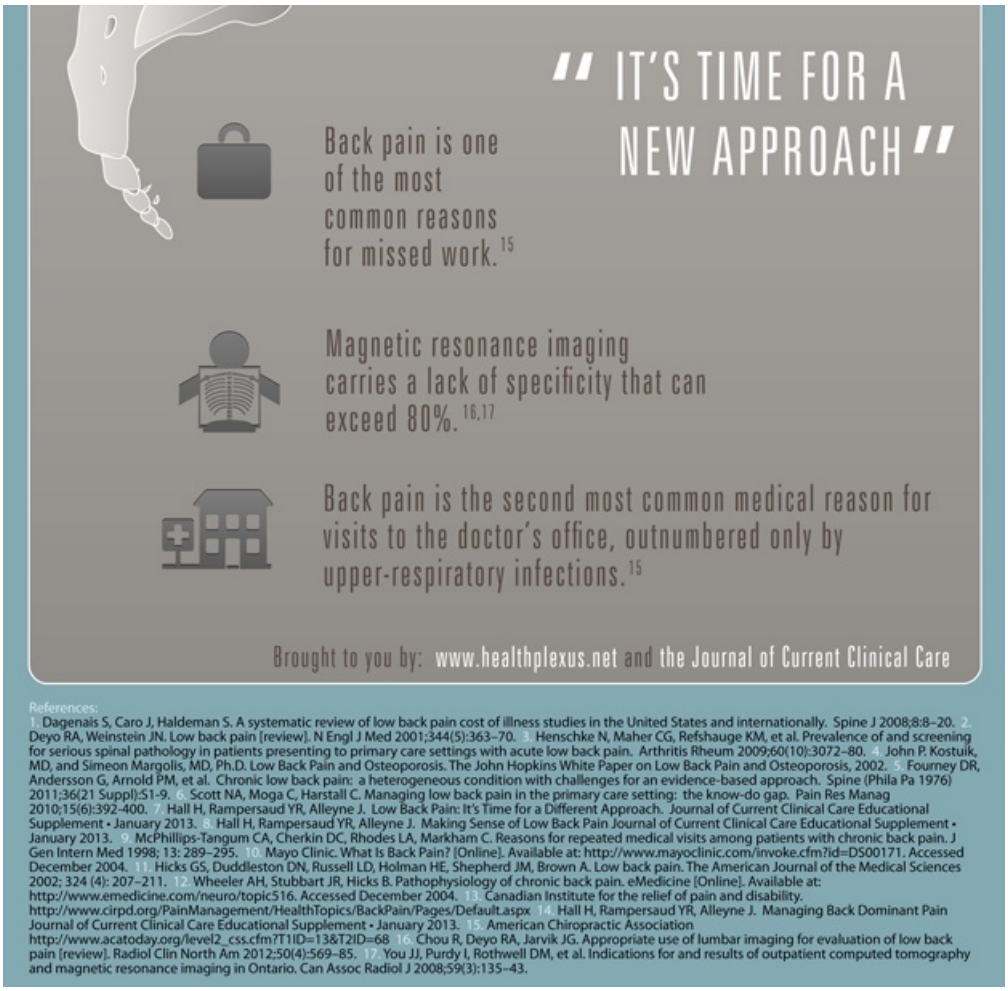
Bóle kręgosłupa - szybka powtórka

Poniżej prezentujemy szybką powtórkę z tematu związanego z bólem kręgosłupa.




" IT'S TIME FOR A NEW APPROACH "
Back pain is one of the most common reasons for missed work.[15]
Magnetic resonance imaging carries a lack of specificity that can exceed 80%.[16,17]
Back pain is the second most common medical reason for visits to the doctor's office, outnumbered only by upper-respiratory infections.[15]
Brought to you by: www.healthplexus.net and the Journal of Current Clinical Care
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Testowanie

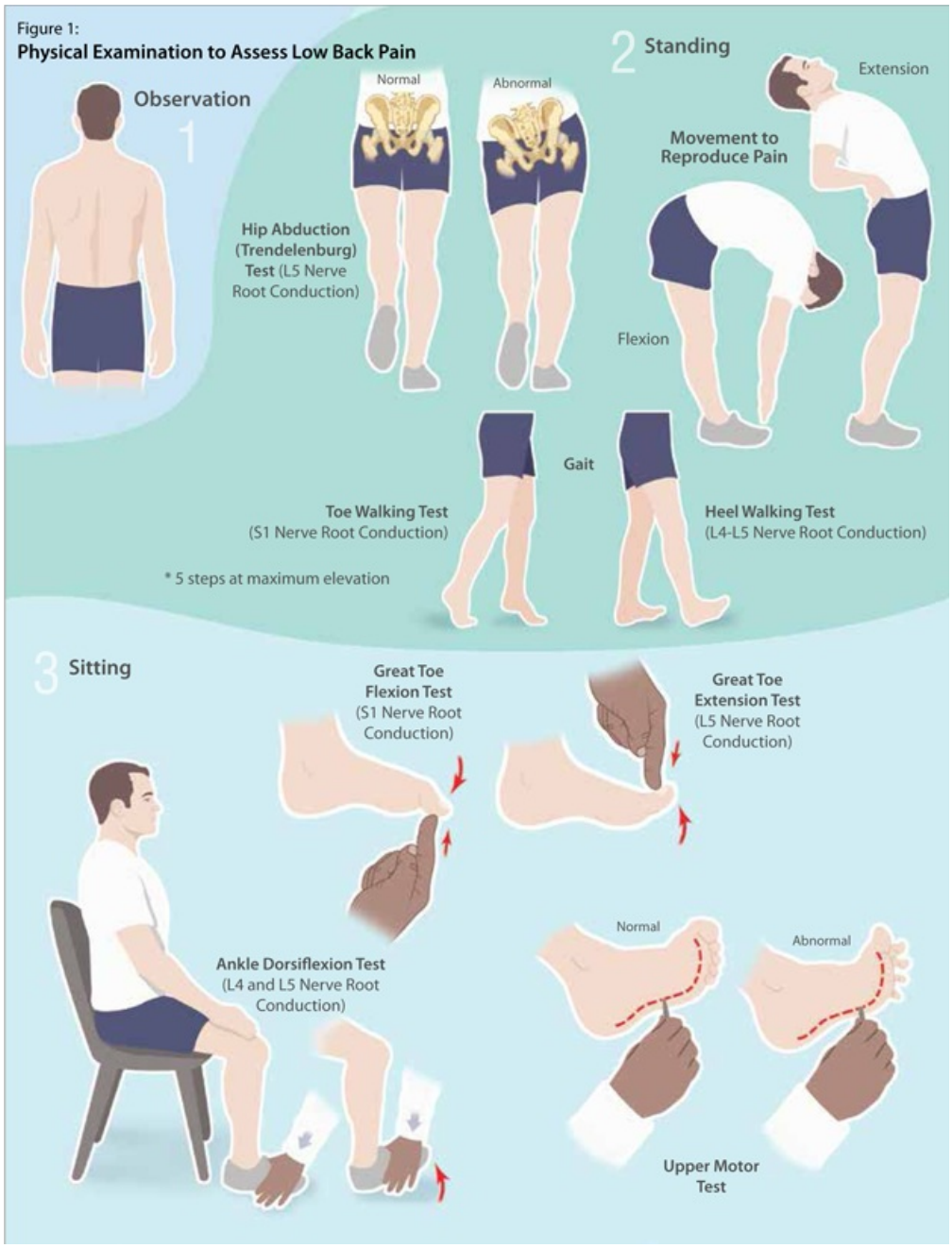
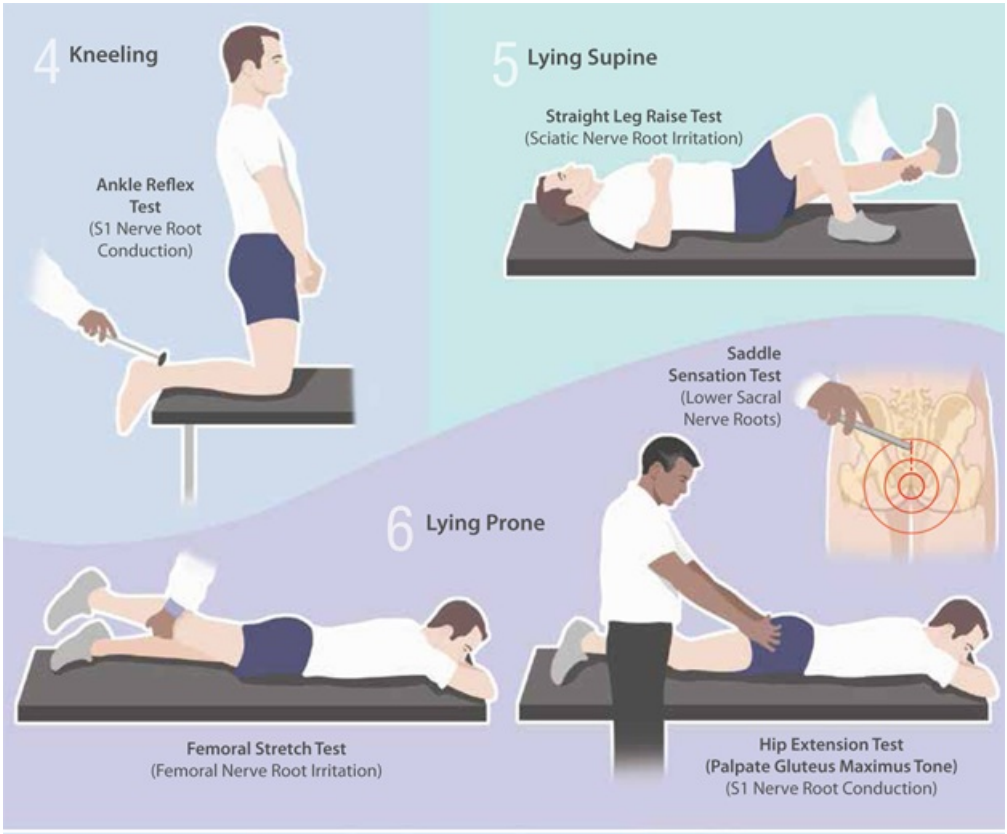


Figure 1:
Physical Examination to Assess Low Back Pain
1 Observation
Normal
Abnormal
Hip Abduction (Trendelenburg) Test (L5 Nerve Root Conduction)
2 Standing
Extension
Movement to Reproduce Pain
Flexion
Gait
Toe Walking Test (S1 Nerve Root Conduction)
* 5 steps at maximum elevation
Heel Walking Test (L4-L5 Nerve Root Conduction)
3 Sitting
Great Toe Flexion Test (S1 Nerve Root Conduction)
Great Toe Extension Test (L5 Nerve Root Conduction)
Ankle Dorsiflexion Test (L4 and L5 Nerve Root Conduction)
Normal
Abnormal
Upper Motor Test



Classification of Mechanical Patterns of Low Back Pain

	Reported Pain Location	Pain Constancy	Pain Improved	Pain Worsened	Neurological Findings	Pain Origin
1	Back, buttocks or around hips	Constant or intermittent	One of 2 cohorts will improve on extension	Forward flexion, one of the 2 cohorts' pain also worsens on extension	Normal	Most likely discogenic
2	Back dominant	Intermittent	Unaffected or may be improved on flexion	Worsens on extension	Normal	Most likely posterior spinal elements
3	Leg dominant	Constant	By immobility and recumbent rest	By all back movement, usually more by flexion	Positive irritative test and/or conduction loss	Sciatic (or occasionally femoral) nerve root irritation
4	Leg dominant	Intermittent	Relieved by rest in flexion (sitting)	Activity in extension (walking)	May have positive conduction test; no irritative test.	Neurogenic claudication, often mislabelled spinal stenosis

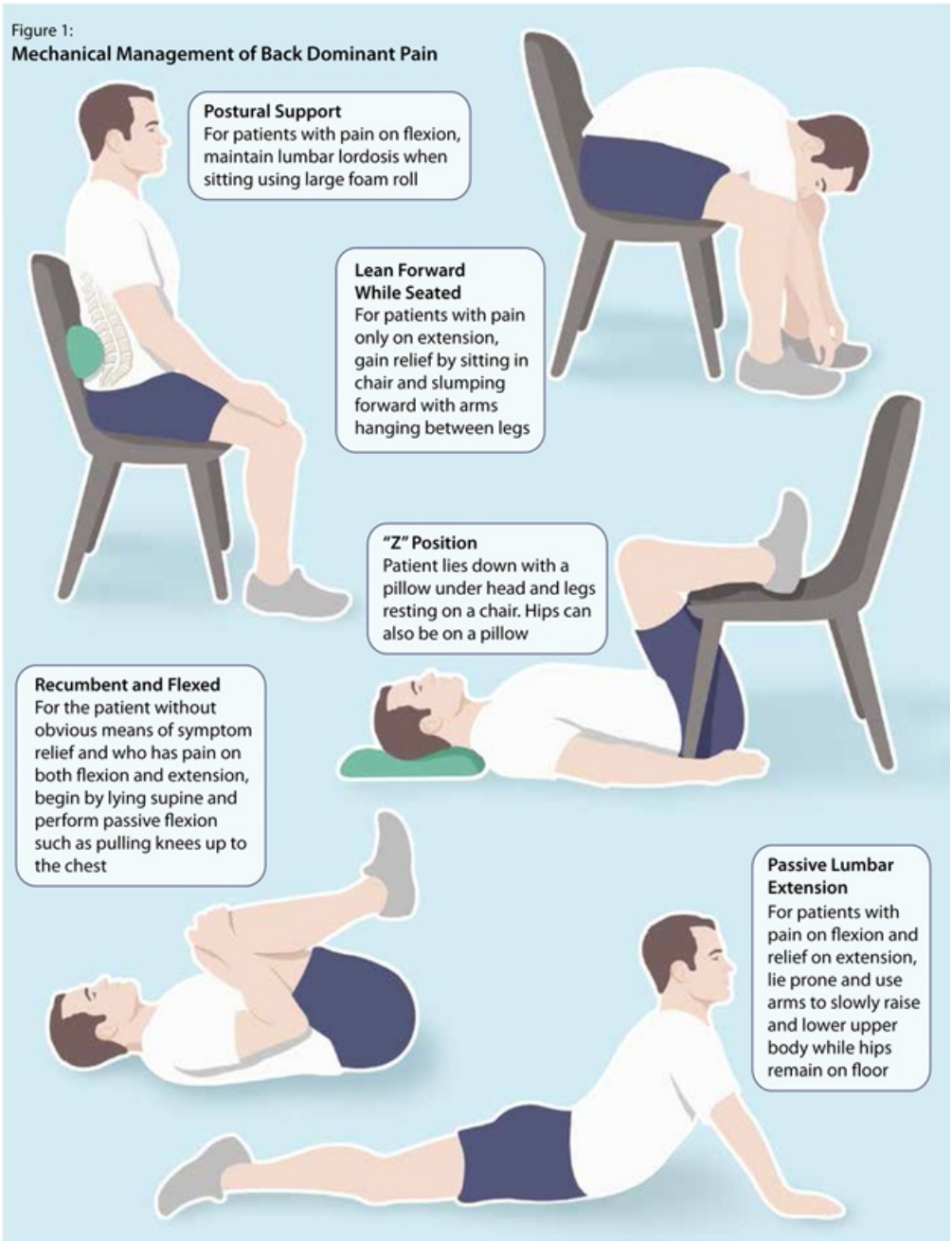


Figure 1:
Mechanical Management of Back Dominant Pain
Postural Support
For patients with pain on flexion, maintain lumbar lordosis when sitting using large foam roll
Lean Forward While Seated
For patients with pain only on extension, gain relief by sitting in chair and slumping forward with arms hanging between legs
"Z" Position
Patient lies down with a pillow under head and legs resting on a chair. Hips can also be on a pillow
Recumbent and Flexed
For the patient without obvious means of symptom relief and who has pain on both flexion and extension, begin by lying supine and perform passive flexion such as pulling knees up to the chest
Passive Lumbar Extension
For patients with pain on flexion and relief on extension, lie prone and use arms to slowly raise and lower upper body while hips remain on floor