

SHARE THE CARE, SPARE THE MEDS

Collaborative Approaches to Managing Acute Back Pain: A Case Study

Low back pain is a fact of daily life for many adult Canadians—and part of daily practice for most Canadian physicians. Although acute low back pain usually resolves within a few weeks, recovery can be prolonged and recurrence is common.

Recent guidelines^(1,2,3) call for conservative measures to treat acute low back pain and recommend referral to a spinal care expert, such as a chiropractor, within two to six weeks of onset.

In Sudbury, Ontario, Dr. Raymond Jacques, MD, and Dr. Lindsey Rebeiro, DC*, shared the care of a patient with a complex case of both acute and chronic back pain. Their collaboration has enabled the patient to engage in all his daily activities, return to work, enjoy physical activities and hobbies, and manage his back pain on his own.

*Doctor of Chiropractic



April 18, 2013

Dear Dr. Rebeiro,

Please see this 45-year-old man, Brent Pataki, who has an acute episode of low back pain from an injury at work. He is complaining of severe low back pain, numbness in both legs, and he is unable to work at the moment.

He is known to have had chronic low back pain post L4-L5 discectomy in 2005. He was treated with oxycodone/acetaminophen and, since he became my patient in 2009, his prescription has remained unchanged.

MRI of his lumbar spine on April 12, 2013 is unchanged from previous imaging and shows a small recurrent disc protrusion, moderate bilateral foraminal stenosis, and granulation tissue at the L4-L5 level, as well as degenerative changes at L4-L5. However, he has recurring episodes of discogenic mechanical pain with bilateral sciatica.

He is presently on oxycodone/acetaminophen, two tablets TID; OxyNEO 20 mg at night; Lyrica 75 mg four times a day; naproxen 500 BID, as needed; and Flexeril 10 mg TID, as needed.

Please assess him for therapy. Brent and I would very much appreciate your help in avoiding an increase in his opioid medications for this current episode of acute back pain.

RG Jacques, MD

April 23, 2013

Dear Dr. Jacques,

Thank you for referring Brent for assessment and treatment of his acute back pain.

His chronic back pain, despite a discectomy in 2005, has been managed with a stable opioid prescription until his recent work-related injury.

He is a heavy-equipment operator with a paving company and is required to lift heavy loads. While filling and lifting sandbags, he twisted and felt "electrical pain" shoot through his back and into both legs.

He could barely ambulate when seen in clinic today. He has difficulty transitioning movements from a chair, thus he has difficulty driving. He does not sleep well and the pain interferes with all his daily activities.

On examination, his range of motion is reduced globally by more than 50%. He has a lateral listhesis and an antalgic gait. I had difficulty eliciting his L4 and S1 reflexes; even with the Jendrassik manoeuvre, he still showed slightly slowed reflexes. His sensory testing was decreased at L4 and L5 on the left, there was weakness at L4 bilaterally and weakness at L5 on the left. His Trendelenburg test was positive on the left side, which is also suggestive of an L5 radiculopathy.

The patient has chronic discogenic irritation with L5 radiculopathy on the left. Because he is intolerant of much movement, I will follow a conservative treatment plan with TENS therapy, soft tissue manipulation, and gentle mobilization of the low back and hips twice weekly, with emphasis on positions and postures of relief, education and reassurance. Later, I will add acupuncture along the paraspinal muscles and, once he has full range of motion, spinal manipulation therapy.

Once his pain is reduced and he is more tolerant of movement, I will introduce graded core exercises that will evolve as tolerated, to help with spinal stability and mobility and to also prevent recurrence. Proper lifting mechanics and continued promotion of physical activity will be reinforced.

If you have any questions or concerns do not hesitate to contact our office.

L Rebeiro, DC

October 23, 2013

Dear Dr. Jacques,

I have treated Brent twice-weekly since his initial visit. He now has full range of motion, albeit with some muscle stiffness. Although he still experiences some work-related soreness, he is able to achieve relief on his own with his stretches and exercises. He says he has reduced his pain medication by half.

He has returned to working 13-hour shifts full-time, which is a relief for him as being off work was a financial strain and a major stressor.

The biggest improvement for him is in his daily activities. He is physically active, is able to do tasks around the house and go for walks. He is also able to ride his motorcycle again.

Thank you for the opportunity to participate in Brent's care.

L Rebeiro, DC

CHIROPRACTIC CARE HELPED BRENT MANAGE HIS ACUTE BACK INJURY WITHOUT INCREASING HIS OPIOID MEDICATIONS

For Dr. Rebeiro:

"It's great if I can help a patient feel better, but they need to be able to achieve that relief by themselves. His exercises and stretches usually keep the pain at bay, but if it becomes bothersome he'll see me once or twice a year."

As Dr. Jacques notes:

"We see patients with mechanical musculoskeletal problems every day. You can give them medication, but manipulation of the soft tissue and mechanical work is really what many of these patients need."

For Brent:

"It's a whole new ballgame now. I'm able to continue working to support my family. I can ride motorcycles again. I can ride my snowmobile again. I can sit in the boat for a couple of hours now and take my granddaughter out fishing."