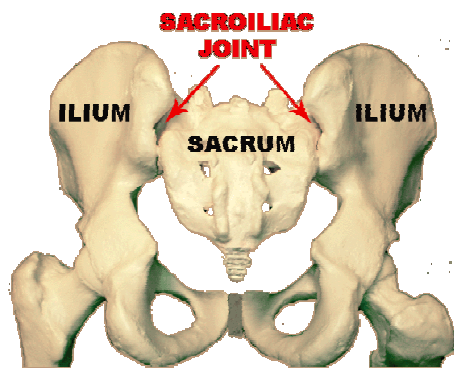


Zone 5

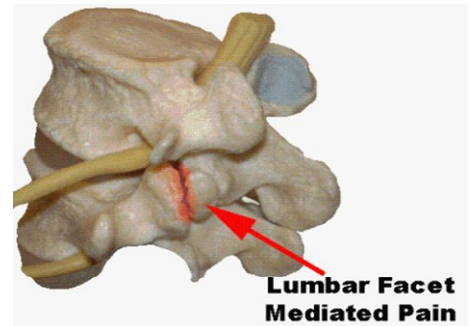
One-sided low back/buttock pain



This pain usually arises in one of the joints in the spine, the facet joints, or where the lumbar spine joins the pelvis, the sacro-iliac joint (SIJ). It hurts to one side or other of the lower back, into the buttock and often a little way down the thigh. It does not pass further down the leg, certainly not past the knee. This type of pain



is common after injuries involving bending backwards or twisting. Sacro-iliac pain is common in people who previously have been very fit and then, as life takes over, become less fit. The pain comes from the lining of the joint, which becomes inflamed for one of a number of reasons. If the joint moves too far, the lining can be caught up between the bones (impingement), or can simply be torn. The capsule, the tough fibrous covering of the joint, will also be torn if movement is excessive, which can also be a source of pain. When the muscles around the pelvis are relaxed (such as in bed) a sudden movement (such as getting out of bed) may precipitate pain in the SIJ. As the muscles strengthen the pain eases off, but it can steadily become worse, week after week. Similarly, once a facet joint is torn, it remains vulnerable. Another minor injury, such as twisting, maybe reversing a car, can cause the burning pain to come back.



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Treatment involves supporting the damaged joint, until the inflammatory process settles down. This is best achieved by wearing a sacro-iliac belt. This device causes compression across the joint, to take the load off the damaged area. Helping the secondary muscle spasm to relax, using gels with and APPLICATOR can make a big difference. Gentle massage is very good for these tissues. HEAT PADS can also help. If it gets bad NUROFEN or PARACETAMOL (always read the package inserts), which may be taken together if necessary, will reduce the pain. Trans-cutaneous electrical nerve stimulation (TENS) can help if the pain is persistent. If the pain becomes more widespread, a lumbar BRACE may help in the short term.

Physiotherapy treatments to stabilise these joints, through better conditioning of the overlying muscles can be very effective. If the joint movements are restricted, or abnormal, gentle osteopathic mobilisation can improve not only the pain, but the long term outcome.

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