



MUSCULOSKELETAL HEALTH NEWS

Back Pain

Relief



Jonathan Schrock, MD

The Pain Management specialists at OSMC know pain. They're experts at diagnosing the cause of

pain and treating it with cutting-edge techniques and technology. For some patients, drugs are the answer. For others, a non-surgical intervention will get the job done. And for others, more advanced surgical procedures are called for.

"Chronic back pain is the most common condition I see," says Jonathan Schrock, MD, one of the three specialists in OSMC's Pain Management Center.

"Many people endure agonizing back pain for years before seeking medical treatment. The good news is that when we finally do see them there's usually a lot we can do to relieve the suffering."

Schrock routinely draws on his fellowship training in pain management to develop appropriate treatment plans. "Our techniques include medications, nerve blocks, physical therapy, and electrical stimulators," he explains.

By the time most back-pain patients get to Schrock, they've reached a pain level that defies standard home-remedy solutions like aspirin and anti-inflammatories. For many, stronger medications – opiates or muscle relaxers – will provide sustained relief. But other patients require more serious interventions.

One of the more common procedures in Schrock's arsenal is the facet joint injection. "Facet joints, located on each side of the rear of the spine,

connect each vertebra with the ones above and below," Schrock explains. "If arthritis attacks these joints it can cause severe pain in the back or neck.

Facet joint injections decrease inflammation thus reducing the pain and preventing signals from traveling to the brain."

During the procedure, which is done on an outpatient basis, local anesthetic is used to numb the area. Using x-ray guidance, the physician inserts a needle and injects a combination of a numbing anesthetic and anti-inflammatory steroids directly into the damaged joint. "With some patients, the pain disappears immediately; for others, several days must pass for the medication to reduce the inflammation. The length of remedy will also vary from patient to patient – from several days to several years."

Another common facet joint procedure is lumbar radiofrequency neurotomy. This technique blocks communication between the nerves and the brain. An electrode is used to cauterize or burn the nerve, rendering it useless as a pain transmitter.

"Frequently I'll have a patient with a more severe condition . . . perhaps chronic pain in the lower back as well as the leg," says Schrock. "This patient may be a candidate for a spinal cord stimulator implant – a more involved surgery, but one of the few procedures in medicine that you can actually try out to make sure it will get the job done."

The technique uses electrical impulses to prevent pain signals from going to the brain. Tiny wire leads are inserted into the area around the spinal cord and electrodes produce mild electrical pulses to stimulate the nerves and create the blockage. Schrock explains: "For about a week the patient wears a trial stimulator – essentially a small external battery pack. If at the end of the trial period the pain is sufficiently relieved, the external power source is traded for a small pulse generator implanted permanently under the skin. At that point, the patient controls the system, turning it on or off, and adjusting the stimulation power level as needed."

The Pain Management Center is a vital facet of OSMC's focus on total musculoskeletal care. "Our team treats a broad spectrum of orthopedic conditions caused by muscle, bone and joint problems," Schrock remarks. "With many patients, pain management is key to a successful outcome, and those patients are really glad we're here."

Videos further describing the procedures discussed here as well as other procedures performed by OSMC physicians can be found at www.osmc.com.

