

# Informational Guide to Degenerative Disc Disease

## *Introduction*

The human spine is made up of 24 **spinal bones**, called vertebrae. Vertebrae are stacked on top of one another to form the spinal column. An **intervertebral disc** is the connective tissue that sits between each pair of vertebrae. The disc is made of **two parts**. The center, called the nucleus, is spongy. It provides most of the disc's ability to absorb shock. The nucleus is held in place by the annulus which is a series of strong ligament rings surrounding it.

The disc normally works like a shock absorber to protect the spine against the daily pull of gravity and during strenuous activities such as jumping, running, and lifting.

However, if the nucleus will sometimes becomes thick and fibrous, it isn't able to absorb shock as well. The disc then weakens, begins to collapse, and the bones of the spine compress. This can be due to age, major injuries, daily wear and tear or vibrations.

## *Symptoms*

Pain in the center of the low back is often the first symptom patients feel. It usually starts to affect patients in their twenties and thirties. Pain tends to worsen after heavy physical activity or staying in one posture for a long time. The back may also begin to feel stiff. Resting the back eases pain. At first, symptoms only last a few days.

This type of back pain often comes and goes over the years. Each time it strikes, the pain may seem worse than the time before. Eventually the **pain may spread** into the buttocks or thighs, and it may take longer for the pain to subside.

## *Diagnosis*

Diagnosis begins with a complete history and physical exam. Your healthcare provider will evaluate posture and the amount of movement in your low back and check to see which back movements cause pain or other symptoms. Your skin sensation, muscle strength, and reflexes are also tested.

If severe or chronic in nature, an X-ray or MRI may be warranted.

## *Treatment*

Whenever possible, nonsurgical treatment is preferred in order to ease pain and other symptoms.

Bed rest is rarely prescribed for patients with degenerative disc problems. Instead, patients are encouraged to stay mobile by doing their normal activities using their pain as a gauge. If symptoms are severe, a maximum of two days of bed rest may be prescribed.

Patients may also be prescribed medication to help them gain control of their symptoms so they can resume normal activity swiftly.

In addition, patients often work with a physical therapist.

If symptoms continue to limit the ability to function normally, the doctor may suggest an **epidural steroid injection**.

People with degenerative disc problems tend to gradually improve over time. Most do not need surgery. In fact, only one to three percent of patients with degenerative disc problems typically require surgery.

### *Rehabilitation*

Your therapist will work with you to calm pain and muscle spasms by helping to find positions and movements that ease pain as well as utilize heat, cold, ultrasound, and electrical stimulation. The therapist will often perform hands-on treatments such as massage and specialized forms of soft-tissue mobilization to help a patient begin moving with less pain and greater ease.

Traction, or pulling, is also a common treatment for degenerative disc problems as it gently stretches the low back joints and muscles.

As you recover, you will gradually advance in a series of strengthening exercises for the abdominal and low back muscles. Working these core muscles helps patients move more easily and lessens the chances of future pain and problems.

### **More Information...**

For more information please contact any of our three clinics in Roseville, Spring Lake Park, or Blaine where a knowledgeable therapist will be happy to assist you with your recovery needs.