

Informational Guide to Lumbar Disc Herniation

Introduction

Although people often refer to a disc herniation as a slipped disc, the disc doesn't actually slip out of place. Rather, the term herniation means that the material at the center of the disc has squeezed out of its normal space. This condition mainly affects people between the ages of 30 and 55.

Intervertebral discs separate vertebrae, the bones of the spine. A disc is made of two parts: the nucleus and annulus. The nucleus is the spongy center of the disc providing most of its ability to absorb shock and cushion the spine. The nucleus is held in place by the outer annulus, a series of strong ligament rings. Discs protect the spine against the daily pull of gravity. They also protect it during strenuous activities that put strong force on the spine, such as jumping, running, and lifting.

Herniation occurs when the nucleus in the center of the disc pushes out of its normal space. The nucleus presses against the annulus, causing the disc to bulge outward. Sometimes the nucleus herniates completely through the annulus and squeezes out of the disc.

Three Main Causes:

- (1) Repetitive bending, twisting, and lifting can place abnormal pressure on the shock-absorbing nucleus of the disc, injuring the annulus, leading to herniation.
- (2) A sudden injury such as lifting with the trunk bent forward and twisted, or from a heavy impact on the spine, such as falling from a ladder.
- (3) As the annulus ages, it tends to crack and tear. As such, it is weakened over time potentially allowing the nucleus to herniate through the annulus.

Diagnosis

Diagnosis begins with a complete history and physical exam. Your skin sensation, muscle strength, back mobility, and reflexes are tested. Your doctor may order an MRI, CT scan, EMG, or other specialized tests to conclusively diagnose this condition.

Symptoms

Complaints may include dull pain centered in the low back that comes and goes over a period of time due to annular pressure. When the disc herniates completely through the annulus, sharp pain that shoots down part or all of the leg may occur.

A herniated disc can press against a spinal nerve. Symptoms of nerve compression may include pain or altered sensation such as pins and needles or numbness on the side of the upper thigh, in the calf, or even in the foot and toes. If this happens, a person's reflexes slow and muscles controlled by the nerve weaken. Rarely, a syndrome called cauda equina may occur as the result of pressure on multiple lower spinal nerves. Symptoms include bowel and bladder dysfunction, pain down the back of both legs, as well as numbness or tingling of the saddle area, inner thighs, buttock and genitalia. If the pressure isn't relieved, it can lead to permanent paralysis of the bowels and bladder. Doctors will recommend immediate surgery in cases of cauda equina to remove pressure from the nerves.

Treatment

Unless your condition is causing significant problems or is rapidly getting worse, nonsurgical treatment is recommended including physical therapy and anti-inflammatory medication.

Physical therapy focuses on relieving pain, improving back movement, and fostering healthy posture. Your therapist will design a program to improve your core strength, flexibility and muscular endurance to help you prevent future problems.

Most people with a herniated lumbar disc get better without surgery. Some who continue to have symptoms are given an epidural steroid injection. Others who simply aren't getting better, or maybe getting worse, may require surgery.

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.