



Clinic Guide

Prolapsed (slipped) Disc

Prolapsed discs occur most often in the lumbar spine (lower back) and are a frequent cause of back pain. This common back injury is sometimes referred to as a 'slipped disc', as this is a crude description of what may happen.

The discs are located between each vertebra (the bones which make up the spinal column). These discs consist of a tough outer fibrous layer that surrounds a gel-like nucleus. Repeated overuse during bending, lifting and sporting activities can lead to degeneration of the outer layer of the disc. If this degeneration is sufficient, this gel-like material is liable to prolapse (slip) out of the disc.

Prolapsed Disc Signs & Symptoms

Usually one offending movement (most commonly, bending or lifting) will put too much strain on the weakened outer part of the disc, which tears and allows the gel from the inside of the disc to protrude out. As the gel material leaks out of the disc, the onset of pain in the back can be sudden and severe. This back pain is due to chemical reactions from the gel material touching tissues in the back and also from pressure as the disc gel pushes against soft tissues in the back.

If the herniated disc pushes against a nerve root in the spine then pain can be referred down the course of the nerve. In the lower back, if the nerve roots are put under pressure by the herniated disc, then pain, weakness and altered sensation can be referred

down the sciatic nerve to the buttock, hamstring, calf and foot. This is known as **Sciatica**.

This back pain and sciatica may be relieved by changing position, but it can often be made worse by flexed postures such as sitting and bending. Coughing and sneezing increase the pressure within the disc, and this can also make the back pain and sciatica worse.

An MRI or CT scan of the back can confirm whether a herniated disc is present, together with the size and direction of the prolapse. However, the size of a disc prolapse is not necessarily related to the level of pain reported by the patient. Scientific studies have shown that patients with a large disc prolapse may not report any symptoms.

Protecting Your Back

Following a Prolapsed Disc there is always a danger of a recurrence of the problem. In order to avoid a recurrence of the problem, it is important to take better care of your back in future.

Prolonged sitting and bending postures, where the lumbar spine is 'flexed', should be avoided as they increase the pressure on the discs. This can lead to disc degeneration and a loss of disc height. As the discs shrink, the facet joints come into contact with each other and start to bear weight. This is not what they are designed to do.

Viewed from the side, the spine consists of a series of curves that increase the load-carrying capability of the spine, compared to a straight spine.

The lumbar part of the spine consists of a forward curve, and as long as this is maintained, posture will be reasonably good. It is important that this improved posture is maintained during all activities particularly when sitting for long periods - slumping should be avoided.

A Lumbar Roll placed at the bottom of the back, or a Seating Support can be effective when sitting.

In the long term, good posture is maintained by increasing the muscular stability of the spine. For more information, please ask in clinic, or visit www.juliawilliams.co.uk.

Julia Williams
MEng. BSc(Hons)OstMed
ND MRN
Osteopath • Naturopath
Cranial Osteopath

Centre of Wellbeing
Chambers House
Moffat
DG10 9ED

52 Harley Street
London
W1G 9PY

☎ 07966 243459
juliaosteopath@mac.com
www.juliawilliams.co.uk

Prolapsed Disc Treatment

What you can do:

- * Consult an Osteopath (or chiropractor, or physiotherapist)
- * Remain active and apply heat packs for pain relief
- * Wear a back brace to improve posture & relieve pain
- * Use a back stretcher to assist the healing process
- * Exercise with a Swiss Ball to increase lower back muscular stability
- * Practice exercises to strengthen spine supporting muscles

Pain-relieving medication is usually necessary for a prolapsed intervertebral disc (PID), but the best available evidence suggests that patients with a PID should be advised to remain as active as they possibly can, so long as their symptoms are not aggravated. This is based on the fact that research shows no significant difference between bed rest and staying active, and that there is no evidence that staying active is harmful for either severe low back pain or sciatica. A Back Brace can be helpful to improve posture and relieve pain by preventing aggravating movements.

In many cases of a PID, depending on the direction of the prolapse, the symptoms can be relieved if the sufferer gets into a position of spinal extension. This can be achieved by lying on your front and gently propping your shoulders up on your elbows. Alternatively, where the symptoms are more severe, the Back Stretcher (or a rolled-up towel) can help to relieve back pain by the user simply lying on their back over this simple device. In a lot of individuals this puts the spine in the opposite position to that in which the injury occurred. This encourages the nucleus gel to recede back into the disc.

Manual therapy in the form of spinal manipulation has also been shown to be effective in the treatment of disc related problems and sciatica. This can relieve nerve root compression caused by fibrous scar tissue following a disc prolapse, or the build-up of gas (nitrogen). This gas build-up is a consequence of disc degeneration and tends to be more common in those aged over 40.

The outer layer of the disc will heal with scar tissue over a period of six to twelve weeks, but the disc may be vulnerable to re-injury, as there is likely to be a predisposition to re-injury, because of the factors that contributed to the original prolapsed disc, such as poor posture, lack of muscular stability, and sporting and working habits that place large stresses on the discs. For this reason, and to reduce the chances of a recurrence, the patient should follow the rehabilitation programme set by the Osteopath (or other therapist).

This will involve regaining the range of movement in the lumbar spine and strengthening the muscles which stabilise and support the back.

Research has shown that specific exercises, known as core stability and strength exercises, can be effective in relieving back pain and restoring normal function. These exercises are most effective where the problem is caused by poor postural habits, and the pain resulting from disc problems. The Osteopath may use a Stabiliser Pressure Biofeedback Device to help in learning these specific exercises. Once the correct technique has been mastered, these exercises are very easy to do. They are not too vigorous and they can be done by people of all ages. More advanced exercises using a Swiss Ball or Dynair Cushion can then be used to relieve and prevent back pain.

Most herniated discs tend to settle down with Osteopathic treatment over four to six weeks, but severe cases of sciatica may require steroid injections or even surgery. Caudal Epidural Steroid Injections (ESI's) bathe the nerve roots in fluid that reduces inflammation. They can be very effective in relieving the symptoms of sciatica.

Your Osteopath will be able to recommend a specialist in this technique (it is not usually available under the NHS).

If the sciatica is unremitting and causing weakness in your legs or affecting your normal bladder or bowel function, then a surgeon should be consulted.