Conservative treatment for herniated discs...

You may not need surgery!

Do you know Dr. Alan Stern? Yes, the dentist from the radio commercials. He is a very good dentist. I was in his chair getting my teeth cleaned when he told me that he was scheduling low back surgery. He was worried that he may have to give up his practice! He said that the pain in his leg caused from a herniated disc at L4/L5 had become so bad that it was preventing him from seeing patients. His Orthopedist told him that he would never run again, and now he was in so much pain he couldn’t even work! I demanded that he schedule an appointment in our office and reminded him that surgery only had a 50% success rate. “But I have already tried both physical therapy and chiropractic, what do you do at your office that is so different?”, he asked? “You may have had physical therapy and chiropractic, but you haven’t had them performed at the same time, and you have not had Spinal Decompression therapy”, I told him, and insisted that he come in for treatment.

Have simple tasks like raking leaves or shoveling snow or other activities that require bending and twisting ever leave you incapacitated resulting in acute pain? Are you very careful and guarded with your range of motion? Ever suffer from episodes of pain so severe that they render you virtually bed ridden? If so, you may suffer from a herniated disc and like other disc sufferers, these episodes of pain can last anywhere from 4 to 10 days and will then often completely resolve. Some people suffer with residual numbness and tingling or sharp shooting pain in their hands or feet that are constant reminders that the disc is getting on your nerves. Do you have a disc disorder?

TRUE OR FALSE?

Your body has built in shock absorbers just like a car?

WHAT ARE DISCS?

When you drive thru a pot hole, the shock absorbers of your car reduce the impact felt by passengers. Just as its name implies, the shock absorbers absorb the jolt of impact thus preventing it from being transferred to the cabin of the vehicle. Intervertebral discs of the body, (IVD’s), or discs for short, lie between each one of the bones of the spine and work just like the shock absorbers in your car. These discs are big spongy cushions that prevent bones from rubbing against one another creating friction and arthritis during range of motion. The discs are responsible for offsetting the minor traumas of daily life, like walking up a flight of stairs, or jumping up and down. If you bend forward, your discs move backward. If you bend to the left, your discs move to the right. Major traumas, like car accidents or sports injuries often cause damage to discs. Picture these discs as jelly doughnuts. Pressure on the top and bottom of a jelly doughnut will cause the jelly to squeeze out of both sides. When this happens, and the jelly ooze out putting pressure on a NERVE, the result is pain. This is referred to as a disc bulge or disc herniation. True, the discs in your spine work just like the shock absorbers in your car.

TRUE OR FALSE?

Disc bulges and herniations only come from trauma.

CAUSES OF DISC DISORDERS

The New England Journal of Medicine performed MRI examinations on 98 people who had no pain. They concluded that 52 percent of the subjects tested had a disc bulge at a minimum of at least one level, 27 percent had a protrusion and 1 percent had an extrusion. 38% had abnormality of more than one intervertebral disk. False, though disc disorders definitely happen as a result of trauma, many disc disorders are the result of degeneration that happens over time. Excessive weight and stress on the joints of your body contributes to the early onset of degeneration (arthritis). As seen in this study, MRI examination showed that many people without back pain have disk bulges, herniations or protrusions.

TRUE OR FALSE?

A disc herniation can be diagnosed from an X-Ray.

DIAGNOSIS OF A DISC DISORDER

False. X-rays show bones not soft tissue. A decrease in space between the bones can be seen on x-ray which may be indicative of disc problems, but a MRI is needed to confirm a disc bulge or herniation. A radiologist then makes the determination whether a disc is a bulge, herniation, or protrusion. Each is just a different classification as to how much jelly has oozed out from between the doughnut.

TRUE OR FALSE?

Disc herniations always cause pain.

SYMPTOMS OF A DISC DISORDER

When a disc herniates, it is the pressure that the disc puts on the adjacent spinal nerve that causes pain. 31 pairs of Spinal Nerves exit at every level of the spine and then travel downward feeding the arms and legs with electrical current for motor power and the sensation for feeling. When the disc bulge or herniation chokes the nerve, the nerve reacts with shooting pain, sharp stabbing pain, numbness and tingling, or pins or needles. However, the oozing jelly doesn’t always impinge a nerve! If not, then no pain. Thus, the answer to the above question is False, disc bulges and herniations do NOT always get on your nerves!

TRUE OR FALSE?

Herniated and Bulging discs require surgery?

TREATMENT OF DISC BULGES / HERNIATIONS WITHOUT SURGERY

The New England Journal of Medicine study showed that 52% of people who had NO pain at all still had disc herniations. Pain resulting from disc disorders only happens when jelly of the disc oozes out and chokes the adjacent nerve. If a doughnut is puffed up to regain its natural form after being compressed, the jelly never goes all the way back into the doughnut, but it often slightly recede and centralize. This is what happens when spinal decompression or traction is employed. Often, this is just enough to get the jelly away from the nerve. If the oozing jelly is not choking the nerve, then you too can be pain free while still having a herniated disc. False, not all disc disorders require surgery.

So what happened to Dr. Stern? And what makes Garden State Spine & Pain Institute so different from the treatment he had already received?

I explained to Dr. Stern that at Garden State Spine and Pain Institute, we do complete musculoskeletal care. We work together as a team and do everything short of surgery. Chiropractic manipulation works on the skeletal part of “musculoskeletal” by helping to alleviate pressure on the disc from the bone above and below. Physical therapy, works on reducing the muscle spasm from surrounding inflammation with passive therapies such as ice, heat, muscle stimulation and our highly advanced, state of the art, DTS Spinal Decompression Therapy which is FDA cleared and has been clinically proven with an 86% success rate for pain associated with herniated or bulging discs... even after a failed surgery. This therapy creates a vacuum effect by gently distracting two vertebrae away from each other thus removing the compression on the disc between them. It is a non-surgical traction therapy for the relief of back and leg pain or neck and arm pain and goes thru your physical therapy benefits.

Should pain persist, medical intervention may be necessary. Our Medical Director performs trigger point injections, epidural injections and facet block injections. Injections deliver medicine directly to the site of pain. Local anesthetics with or without cortisone like medications can be injected around the nerve roots and into muscles or joints which reduce swelling, irritation, muscle spasms and abnormal nerve activity that can cause pain.

“What do you have to lose”, I asked Dr. Stern? “If it doesn’t work, then you’ll have the surgery.” I explained to him that he should try ALL minimally invasive treatments first before resorting to very invasive surgery under the knife. So, what happened? He came in for the combined treatment of the Triton DTS Spinal Decompression in physical therapy and chiropractic. It was enough. Pain resolved, he got stronger, he is running again and DID NOT NEED SURGERY or even epidural injections! Dr. Stern credits our office for saving his career. Really, we just saved him from an unnecessary surgery.

Treatment for herniated discs should be as follows: Chiropractic> Physical Therapy> epidural injections> Surgery.

Physical Therapy and Chiropractic should be performed together as they go hand in hand (musculoskeletal system) and physical therapy should include spinal decompression. Without trying everything else first, you may be setting yourself up for an unnecessary surgery.

The Doctors You’ve Been Aching for:

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