

FACET SYNDROME



■ ■ ■ Description

Facet syndrome is a painful irritation in the back that results from injury to the facet joints or disk of the spine. Rotation (twisting) or extension (arching) of the back may produce injury to one of the joints of the spine, including the disk. This results in excessive motion of the facet joint, producing cartilage wear of the joint and pressure on nerves as they exit the spine and spinal cord. Facet syndrome is due to the cartilage wear of the facet joint.

■ ■ ■ Common Signs and Symptoms

- Chronic dull ache in the low back that is worse with hyperextension and rotation
- Pain felt in the lower back, buttocks, hip, and occasionally leg
- Occasionally stiffness of the lower back

■ ■ ■ Causes

Repetitive or excessive force, especially repetitive hyperextension (arching) of the back, excessive hyperextension with rotation of the back, or just rotation of the back, causes injury to the cartilage surfaces of the facet, often associated with injury to the disk of the spine.

■ ■ ■ Risk Increases With

- Any sport in which movement causes hyperextension (arching) of the back, either excessively with rotation or repetitively (golf, football, gymnastics, diving, weightlifting, dancing, rifle shooting, wrestling, tennis, swimming, volleyball, track and field, and rugby and other contact sports)
- Poor physical conditioning (strength and flexibility)
- Poor technique

■ ■ ■ Preventive Measures

- Use proper technique.
- Appropriately warm up and stretch before practice or competition.
- Maintain appropriate conditioning:
 - Back and hamstring flexibility
 - Back muscle strength and endurance
 - Cardiovascular fitness

■ ■ ■ Expected Outcome

This condition is usually treatable with appropriate conservative treatment.

■ ■ ■ Possible Complications

- Frequent recurrence of symptoms, resulting in a chronic problem
- Chronic pain

- Delayed healing or resolution of symptoms, particularly if sports are resumed too soon
- Prolonged disability
- Spinal stenosis (narrowing of the canal for the spinal cord due to the bone spurs that result from chronic degeneration of the facet joints)

■ ■ ■ General Treatment Considerations

Initial treatment consists of rest from activities that cause the pain (avoid rotation or hyperextension) and medications and ice to relieve pain. As pain subsides, exercises to improve strength and flexibility and proper back mechanics are started. Occasionally injections into the facet joint may be recommended. Referral to a physical therapist or athletic trainer may be recommended for evaluation and further treatment, including ultrasound, manipulation, and transcutaneous electronic nerve stimulation (TENS). Surgery is rarely necessary; it is reserved for those athletes who have persistent pain despite 6 to 12 months of appropriate conservative treatment. Surgery is performed to stop motion between the facet joint and disk, which is accomplished by fusing two or more vertebrae together.

■ ■ ■ Medication

- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take within 7 days before surgery), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.
- Pain relievers may be prescribed as necessary by your physician. Use only as directed and only as much as you need. Do not use any heavy machinery or drive a car while on these medications.

■ ■ ■ Heat and Cold

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 to 15 minutes every 2 to 3 hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage.
- Heat may be used before performing stretching and strengthening activities prescribed by your physician, physical therapist, or athletic trainer. Use a heat pack or a warm soak.

■ ■ ■ Notify Our Office If

- Symptoms get worse or do not improve in 2 to 4 weeks despite treatment
- You develop numbness, weakness, or loss of bowel or bladder function
- New, unexplained symptoms develop (drugs used in treatment may produce side effects)

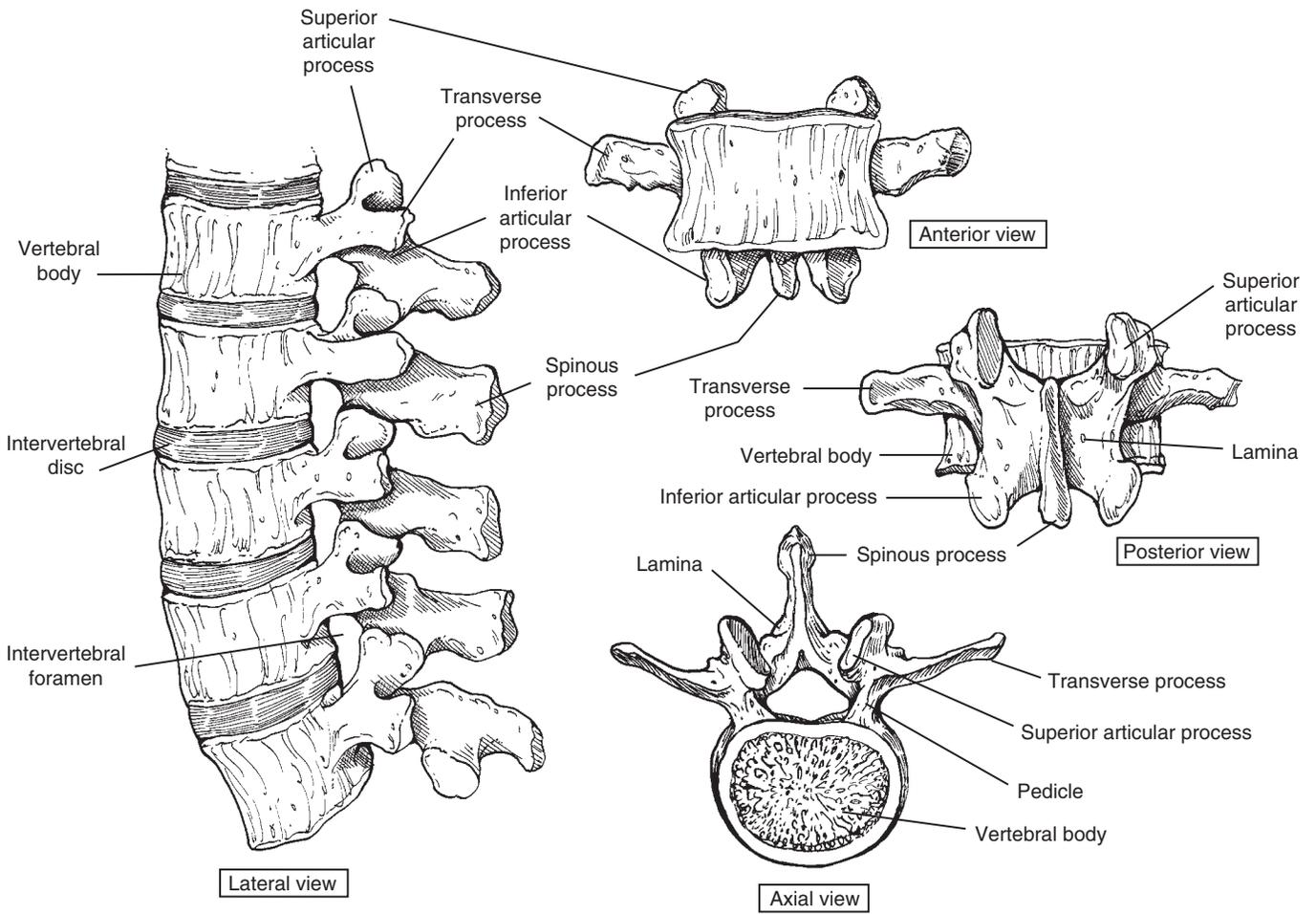


Figure 1

From Scuderi GR, McCann PD, Bruno PJ: Sports Medicine: Principles of Primary Care. St. Louis, Mosby, 1997, p. 203.

Notes:

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Notes and suggestions