Lumbar Facet Syndrome

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You are the chiropractic physician of the future...

• Mastering the diagnosis and treatment of these neuromusculoskeletal conditions will determine your success in school, clinic, and throughout your career as a chiropractic physician.

724.8 Facet Syndrome

Mechanical Joint Dysfunction
Documentation of the Subluxation: The P.A.R.T. System

• The P.A.R.T. documentation system for Medicare has been a topic of much concern and discussion among chiropractors. Recall that the subluxation may be documented by one of two methods: x-ray or physical examination, and that if the latter is used, it must be documented according to the P.A.R.T. system. The four components of P.A.R.T. are described below. CMS requires that at least two of the four components must be documented, and at least one of A or R.

http://www.acatoday.com/content_css.cfm?CID=1217#IniBal

Vertebral Subluxation Complex
Textbook of Clinical Chiropractic:
A biomechanical approach

• Positional dyskinesia (sprain/strain) Examples: Retrolisthesis or Anterolisthesis
• Fixation dysfunction
Examples: Meniscoids, myospasia, adhesions, & inflammation
• Compensatory hypermobility and instability
• Disc protrusions

Definition of Orthopedic Test

• A provocative maneuver (most often) using stretching, compressing, and contracting to duplicate the pain and identify the involved tissues.
Low Back Pain
Involving Spinal Tissues

- Zygapophyseal joint
  - Capsule
  - Nerve
- Ligament
- Muscle
- Osseous

Lumbar Facet Syndrome
Innervation

- Medial branch of the primary dorsal rami

Lumbar Spine
Back Pain

- Back pain is common from the second decade on.

Back and posterior thigh pain arises from many areas of the spine

- Facet joints
- Longitudinal ligaments
- Periosteum of the vertebrae.

Mechanical Low Back Pain
Spinal Motion Segment

- As many as 90% of patients with back pain have a mechanical reason for their pain secondary to overuse or trauma

Mechanical Low Back Pain
Trauma

- A normal anatomic structure or pain secondary to trauma or deformity of an anatomic structure.
Mechanical Low Back Pain

Deformities of anatomic structures

- Abnormal spine
  1. Wedged vertebra
  2. Hemivertebra
  3. Congenital bar
  4. Block vertebra

Lumbar Facet Syndrome

- Degenerative joint changes at zygapophyseal joints

Farfan

Lumbar Facet Syndrome

- Degeneration of cartilage
- Meniscoid entrapment

History Taking Process

- Chief complaint or chief concern
- History of present illness
- Past history
Neuromusculoskeletal History of Present Illness

- Location
- Mechanism
- New condition
- Onset
- Palliative/provocative
- Quality of pain
- Referred or radiating
- Severity of pain
- Timing and treatment

Acute Condition

- Pain is the most outstanding feature
  - Rubor
  - Dolor
  - Tumor
  - Calor

Chronic Condition

- Pain is no longer the most outstanding feature but stiffness, weakness, and/or loss of sensation.

Lumbar Facet Syndrome

- Palpation may reveal PVM hypertonicity and pain

Myofascial Local Pain

- Pin point pain over paraspinal tissue trigger point
Myofascial Trigger Point

- Localized pain with palpation
- Active trigger point may produce referred pain

Scleratogenous or Myofascial Triggers

- Diffusely referred and hard to localize
- Deep and achey quality
  Kellgren & Feinstein

Lumbar Facet Syndrome

- Flexion should be WNL
- Extension should be reduced with localized pain

Lumbar Range of Motion

- Flexion 80 degrees
- Extension 35 degrees

Lumbar Range of Motion

- Lateral Flexion 25 degrees
Lumbar Range of Motion
Lumbar Rotation

Lumbar Facet Syndrome
- Extension and rotation increase pain
- Flexion reduces pain
- Kemp’s produces localized pain

Kemp’s Test
- May be performed in either a standing or sitting position
- A positive test involves radicular pain

Kemp’s Test Assessment
- Intervertebral nerve root encroachment
- Muscular strain
- Ligamentous sprain
- Pericapsular inflammation

Valsalva’s Maneuver
Neuro-orthopedic application
- Assessment for space-occupying lesion, tumor, intervertebral disc herniation, or osteophytes

Straight-Leg-Raising Test
- Assessment for space-occupying mass in the path of a nerve root, sacroiliac inflammation and lumbosacral involvement
**Well-Leg-Raising Test**

Fajersztajn’s Test

- Assessment for lumbar nerve root lesion caused by IVD syndrome or dural sleeve adhesion
- Contralateral LE SLR

**Straight Leg Raise Test**

Nerve Root Tension Signs

- Pain reaction
  - 0-35 = extradural
  - 35-70 = disc lesion
  - 70-90 = lumbosacral lesion
  - Dull pain in posterior thigh = hamstrings

**Key to Success**

- “Diagnosis is the key to successful treatment!”

**Differential Diagnosis**

Lumbar Facet Syndrome

- Localized low back pain
- Increased pain with extension
- Articular facet joint
- Thinned disc
- Multifidus myospasia
  - Facet joint imbrication

**Mechanical Low Back Pain**

Overuse

- Strain
- Myosspasia
- Dehydration
- Discopathy
Mechanical Low Back Pain
Post-Traumatic Pain

- Lumbar strain
- Lumbar sprain
- Lumbar fracture
- Lumbar strain/sprain

Lumbar Facet Joint Imbrication

- Zygaphysseal joint imbrication with capsular degeneration

Facet Joint Injection and Spinal Manipulation

- Reduces pain and edema prior to spinal manipulation

Final Comments

- Perform a competent evaluation
- Properly assess your patient
- Educate your patient
- Provide high quality care
- Be kind...

Thank You!