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MUSCULOSKELETAL PAIN

Chronic Occult Spinal Impairment

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The difficulty in persuading chiropractic patients to follow through with the necessary work to attain full rehabilitation and restoration of healthy spinal function, once they have become pain free, is well-known within the profession. As we know, pain often is the last thing to manifest and the first thing to abate in the presence of chronic spinal segmental impairment. With the exception of recent injury, what we most commonly see in clinic is acute exacerbations of well-established chronic problems previously hidden from consciousness (occult).

The heralding characteristics of such chronic spinal lesions are their intensity, rapid recurrence following corrective manipulation (often within a day or two), ropy and hardened paraspinal myospasm indicative of myofibrosis and scarring, and a high degree of lingering inflammatory capsulitis with sharp pain to mild probing of the facets. From my clinical observation, acute vertebral misalignments, as from recent trauma, exhibit more of an edematous spongy paraspinal myospasm and, absent ligamentous injury, tend to resolve after a reasonable period of healing and treatment.



A 68-year-old female with peripheral dysesthesia but no neck pain, and history of MVC at age 17. Note the marked contrast of anatomy (C1-4) and foraminal patency where spinal motion was maintained.

As many of us have come to understand, it is not always possible to completely rehabilitate spinal biomechanical lesions (subluxations). Thus, once maximum medical improvement has been attained, it is necessary to educate patients as to the need for continual stretch and limbering exercises and follow-up care.

It is, of course, human nature to not want to be bothered with such demands on their time and monies. Once free of conscious pain, most patients want to assume all is well, despite our arguments to the contrary. We often see these same patients weeks, months or even years later, when they return with pain and manifesting the exact same patterns of distortion and dysfunction we last observed.

What we now understand is that in the process - due to the adverse anatomical effect of chronic biomechanical impairment - spinal segmental degenerative change involving discs, ligaments and bone occur at a much-advanced rate. I recently observed a 68-year-old female who had experienced a motor vehicle crash at age 17. She came in with complaint of right upper extremity numbness and tingling. Her history revealed she had not experienced any significant neck pain during her lifetime. X-ray examination revealed almost perfectly preserved anatomical structures in the upper cervical region (C1-4), while the lower cervical structures looked to be extremely aged. I also found well-established biomechanical impairments with rotary buckling in these same lower cervical motor units. The resulting loss of disc height, spondylosis and foraminal stenosis was so severe as to directly impinge nerve roots, and I could offer her only partial help. (See illustration below).

I was thus motivated to compose the following patient education treatise, which I now provide to all patients suspected of having chronic spinal impairment. It freed me from having to repeat the same message to most of my patients and carries the increased credibility of the written word. I offer it to you, my colleagues, if you wish to copy and utilize it in your practice.

Chronic Spinal Impairment

Dr. _____ has determined that you suffer from chronic and potentially permanent spinal impairment in regions of your spine that he has discussed with you. These regions of chronic spinal distress most commonly exist just below your level of consciousness. In other words, they are relatively painless most of the time. This is due to your body's ability to block chronic pain through setting up "gates" in the nervous system. These gates hinder your feeling of pain after a while. Extra trauma, stress, overuse, or any number of events can "open" the gates for a time, allowing the pain signal to reach your brain and be felt. Most "nagging" backaches that recur are actually areas of chronic spinal impairment.

With rest and a little treatment it is often possible for your nervous system to quickly re-establish these gating mechanisms and once again you become pain free. However, the underlying condition of spinal joint misalignment, inflammation and muscle spasm is far from corrected. The pathological condition has only been dampened enough to, once again, become hidden.

Many back pain patients falsely believe that becoming free of pain is the same as being well. This is not true. Chronic spinal impairment actually exists most of the time just below feeling. Even though it is causing permanent harmful change in the anatomy of your spine (advanced spinal degeneration) - you don't feel it.

Pain is only a signal. This signal tells you that something is wrong in the body. In otherwise healthy people, the pain signal can be muted so as to not interfere with normal activities of living. This is especially so in chronic cases like yours where the condition has existed for a long time. Actually feeling conscious pain in chronic spinal impairment is much like the tip of an iceberg. At times, it may rise to the surface to be seen (felt) but most of the time it stays just below the surface unrecognized. But the iceberg (the pathological condition) is always there.

We now know that chronic spinal impairment actually causes advanced degenerative change in spinal vertebra (bones), spinal discs (cushions) and may affect the nerves that run along your spine that control all your organs. It is now recognized that your spine actually ages prematurely where there is impairment of normal movement due to joint misalignment (partial dislocation). When this occurs the advanced spinal degeneration is permanent and can become quite interfering to your life as you age. It often leads to chronic neuritis (inflamed nerves), disc bulging, disc herniation, bone spurs and abnormal overlapping of the facets (movable joints) producing chronic pain syndrome.

As a spine and neurological specialist, Dr. _____ is very concerned with the long-term health and wellness of your spine and nervous system. He cares very much about your conscious pain and works to quickly alleviate it, but his physical findings, (the objective part of your examination), are of much greater concern to him in the long run. He knows that identifying and relieving the root causes of your problem will greatly diminish the probability of your experiencing future pain. Getting you to maximum medical improvement is his goal. In the end, this will also pay off with much improved overall health. Most importantly, proper follow through treatment, even when you are not in pain, will halt the process of advanced spinal degeneration.

Trusting Dr. _____ with your health involves a sacred duty on his part. When recovery

and healthy rehabilitation of spinal function reach maximum levels he will inform you right away. You can then discuss with him any needed future maintenance care to insure you stay well.

Don't be misled by the quick alleviation of pain in your back or neck. In chronic conditions like yours this is very common. It means only that the pain signal has been reduced, (the tip of the iceberg has been driven below the surface again).

Dr. _____'s goal is to rid your body of the icebergs (the pathological conditions in your spine and nervous system). By following through with your prescribed treatment plan you can reach maximum medical improvement and thereby avoid future problems. In the long run, this also saves you health care dollars. The real bonus is that you will also have greatly enhanced your overall health and wellness by relieving the "impingements" in your nervous system, allowing the master control system to direct organ function, while minimizing the process of spinal degeneration and the probability of future pain syndromes.

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