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### Low Back pain: A Physicians' Enigma

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Low back pain (LBP), a disease entity of multifactorial origin has presence in almost similar proportions across the globe and is considered a disease of high magnitude. It is documented to be the second most common ailment for hospital visit by an individual. The Global Burden Disease (GBD) study of the year 2010 documented LBP to rank tenth amidst group of diseases of high burden. Another study conducted in 2017 suggested that LBP was the leading cause of years lived with disability (YLD). Even the recurrence rate of pain in this disease is high, where reports as high as 85% in some population groups have been observed. The prime etiology for LBP is derangement in anatomical components of either the functional spinal unit, FSU, (inter-vertebral disc, facet joints and the two overlying vertebrae) or the loss in kinesiological properties of para-spinal muscles. Invariably the musculo-genic etiologies are definite to diagnosis and show significant correction on proper management. But the treatment modality for derangements in any component of FSU – the disc, the facet joints or the bony segments, till date persist to be a physicians' and surgeons' enigma. Recent advances in imaging modalities, though correctly identify the grade and severity of disc degeneration and/or facet joint arthrosis but still many of the times the treatment offered fails to produce the desired outcome. This may be due to individual's resistance to pain, the tone, power and strength of the paraspinal muscles, the occupation of the individual, the gender variation and many more similar factors. On one hand, there have been studies where asymptomatic individuals have shown degenerative changes in either the inter-vertebral discs and /or the facet joints and on the other hand, patients with distinctive radiological findings subjected to corrective surgical procedures are still moving with the pain element, may be, at times of higher degree than the original. This suggests and highlights the role of precise and prompt diagnosis in cases of LBP. Also, the role of rehabilitative treatment modalities that can be tried before proceeding for any gross surgical correction in cases of disco genic and faceto-genic spinal pain. Here lies the role of a primary care nurse who comes across patients with LBP either directly or incidentally. Their role in defining and excluding individuals with definite serious pathology of spine and referring them to the general physician and dealing with other spinal cases in a way to empower and motivate individuals to take control of their lives and self-manage the disease even after surgical correction. This would help to cut societal expenditure and also curtail the disability score of the population at large.

**Key words:** Low Back Pain, inter-vertebral disc, facet joint, nursing care

### Biography

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