



by Max W. Cohen, MD, FAAOS

You pick up a box off the ground, turn to the side and place it in your car. Ouch! You feel a sharp pain in your lower back. The pain is still there a few hours later. What's up?

It might be degenerative disc disease

The most common cause of recurring lower back pain, especially in the 30 to 50 age group, is degenerative disc disease. This is not a disease but rather is a condition – and it is very common. Patients have one or more discs that have become brittle, losing the spongy texture that enables them to cushion surrounding vertebrae in the spine.

Lower Back Pain

What Can Be Done to Help?

Men and women with degenerative disc disease often have back pain that comes and goes. The condition is common in people who use their backs repetitively, such as laborers and football players. Smokers also have increased risk.

Most patients who have a flare-up feel better in a couple weeks with rest, ice and anti-inflammatories. Heat also can help if the pain persists. For the long term, I recommend starting a therapeutic exercise plan to strengthen the core muscles. That can prevent recurrences by reducing pressure on discs. Also, if you're overweight, lose weight. If you're a smoker, quit.

What if the pain doesn't get better?

If your lower back pain isn't better in six weeks or if you have unexplained weight loss, fever/chills, loss of bladder and/or bowel control, pain radiating below the knee, numbness or other unusual symptoms, you should see a doctor. You could have a more serious spinal or medical condition.

When is surgery needed?

Patients with degenerative disc disease rarely need surgery. We manage recurrent symptoms with physical therapy, ultrasound, electrical stimulation, therapeutic massage and spinal injections. Surgery is recommended only when a patient has had at least six months to a year of treatment and still has disabling pain, as was the case with my patient Faye Bunker (story below). We perform one of two procedures:

● **LUMBAR FUSION.** This is the gold standard for this disorder. Over the years, we've made great strides in our capabilities and can now perform this procedure minimally invasively so that the post-operative pain and recovery time are minimized.

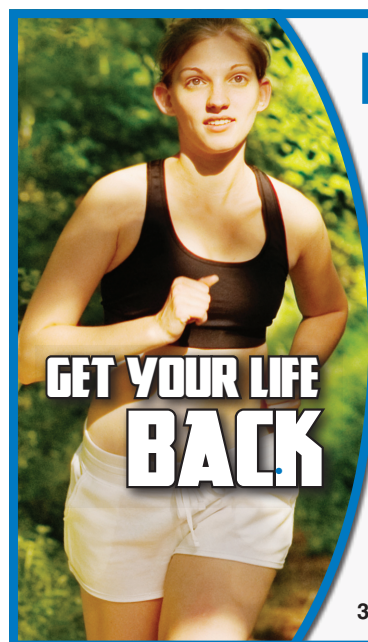
● **LUMBAR DISC REPLACEMENT.** This is the newer procedure, which seems to have equally good results, often with faster recovery. It has the potential to retain full motion of the spine. However, we don't have long-term follow-up yet, because lumbar disc replacement has been performed for only about five years in the U.S. Medicare

and most commercial insurers will not cover disc replacement surgery.

Bottom line

If you develop lower back pain, chances are good that it will go away with home treatment. However, if you have concerns about your lower back pain, call us for an evaluation at **333-6306**.

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Max W. Cohen, MD, FAAOS, the founding physician of **Spine & Scoliosis Specialists**, is the only doctor in the Triad with double fellowship training in spine and scoliosis surgery. He completed his training at Cornell University's prestigious **Hospital for Special Surgery**, the top-ranked orthopaedics hospital in the U.S., according to U.S. News & World Report.



Have a back or spine problem that's keeping you from enjoying life?

Call us today for an evaluation. As the Triad's only medical practice devoted exclusively to spine treatment and surgery, we offer hope – and help – to patients suffering from all types of spinal diseases and injuries.



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'I'm totally pain-free for the first time in 10 years'

Faye Bunker was in her late 50s when she started having lower back pain. Over the decade that followed, she tried numerous treatments, but none helped. So she lived with the pain – diagnosed as degenerative disc disease – while she dealt with other health issues, including knee and neck problems that required surgery.

Then, in 2009, her back pain grew so bad that she had to give up playing the organ at church – something she had done for more than 40 years.

"I really couldn't do anything without pain," she says. "I couldn't walk without a cane. I couldn't even do my housework. I didn't do anything except sit around and watch TV."

She decided it was time for surgery. **Max W. Cohen, MD**, performed a lumbar spinal fusion in June 2009.

Today, the woman who couldn't move without pain goes to exercise class three times a week, does housework and is back playing the organ three times a week at church.

"I'm totally pain-free for the first time in 10 years," she says. "I can go and do things now. And I can play with the great-grandkids, which is my biggest joy. What Dr. Cohen did for me has totally changed my life."