

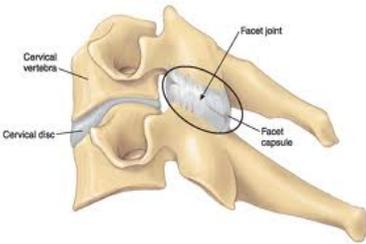
Low Back Pain

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<http://www.cssphysio.com.au/forpatients.html>



Facet Joint Syndrome

The 'facet joints', or more correctly the *zygoapophyseal joints* are the bony connections between one vertebrae and another, allowing movement and helping to provide stability. There is a facet joints on each



side, at every level of the spine. Just like any other joint, they can be sprained, become swollen or inflamed, and can develop arthritis. Between the base of the neck and the top of the pelvis, there are 50 facet joints. So there is a reasonable chance at least one of these will cause problems at some stage of your life.

In the lower back, the particular alignment of the facet joints makes them more vulnerable to injury with certain types of movements. In particular:

1. Arching backwards, especially if this is sustained, or combined with bending to one side.
2. Twisting movements.
3. Bending forward. This movement is less likely to injure the facet joints. However in certain cases, such as where there is a *spondylolisthesis* (forward slip of one vertebra on another) the joints may be more vulnerable.

Causes:

Certain factors can make the joints more vulnerable to injury or disease. These include:

1. Degenerative disc disease. The disc thins as it degenerates. This brings the vertebrae above and



below the disc closer together. The facet joints are then placed under a greater compressive load. Over time this can lead to degenerative facet joint disease (termed osteoarthritis

or *spondylosis*).

2. Posture. People who have an excessive *lordosis* or 'anterior pelvic tilt' have greater facet joint loading. This is because the back is relatively arched most of the time.



3. Sport. Certain sports place stress on the joints, particularly sports that involve twisting & / or arching. Examples include soccer, AFL, tennis, cricket, hockey and volleyball.

Facet joint syndrome is a broad term that may relate to a number of possible disorders:

1. Acute joint sprain. A sudden movement can sprain the ligaments or capsule of the joint. In addition, there may be injury to cartilage inside or outside the joint. This can present as sudden pain and even 'locking'. There may be associated muscle spasm which can make the pain quite severe.
2. Joint stiffness. The joint can lose movement due to degeneration, swelling, muscle tightness or faulty posture.
3. Arthritis (*spondylosis*). This can affect one or several joints. As the disease progresses, there will be increased episodes of stiffness and pain.
4. General spinal degenerative disease. Degeneration can occur progressively in discs, muscles and joints of the spine.
5. Muscle disorders. Tight and tense muscles can place pressure on the joints and make them painful or stiff.

Treatment:

The type of treatment used will depend on the severity of pain, the time since the onset of symptoms, and the degree of joint stiffness present. Treatment options include:

1. Mobilisation. Joint movement can be restored, or pain reduced, through direct rhythmic mobilisation to the joint. This is particularly effective when there is joint stiffness present.



2. Manipulation. This generally involves a high velocity, short range thrust which creates a sudden stretch or gapping of the joint

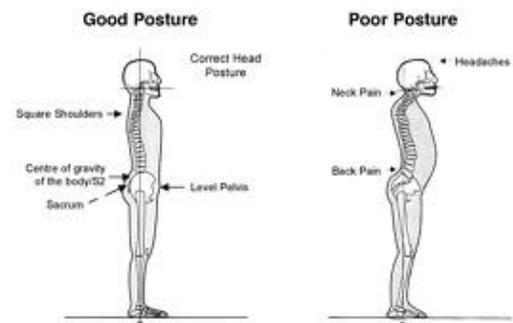


surfaces. An audible pop is usually produced. This is effective for specific joint problems.

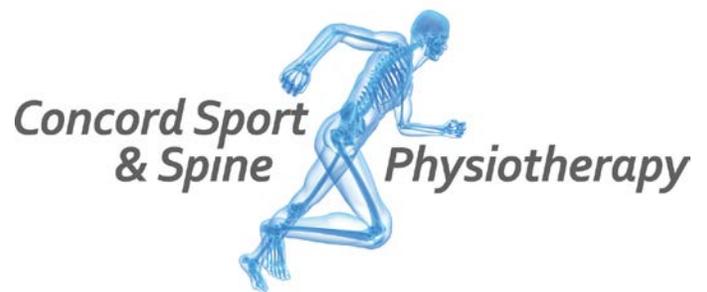
3. Massage or Dry Needling. Easing muscle tension through massage can help to reduce muscular induced joint stiffness. Dry needling or acupuncture may be used as an alternative to



4. Postural correction and strengthening exercises. This will be helpful if postural faults or muscle weakness is contributing to stress on the spinal joints.



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