Conservative Treatment of Intervertebral Disk Lesions

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Dr. RAMSEY NOTES:

“The conservative management of lumbar disk lesions should be given careful consideration because no patient should be considered for surgical treatment without first having failed to respond to an adequate program of conservative treatment.”

“From what is known about the pathology of lumbar disk lesions, it would seem that the ideal form of conservative treatment would theoretically be a manipulative closed reduction of the displaced disk material.”

“If after a fair trial of conservative treatment, the pain and disability continue and the symptoms are of sufficient gravity to warrant surgery, the patient is advised that he should be operated upon and the offending disk lesion should be removed.”

The following sequence of conservative treatment is advocated:

1) Varying degrees of rest:
Rest is most beneficial in acute cases and less beneficial in chronic cases.

It is important to curtail non-occupational activities such as athletics or more strenuous home hobbies. “Prolonged sitting, standing or walking should usually be stopped.”

2) Manipulation:
“Many forms of manipulation are carried out by orthopaedic surgeons and by cultists and this form of treatment will probably always be a controversial one.”

“We limit the use of manipulation almost entirely to those patients who do not seem to be responding well to non-manipulative conservative treatment and who are anxious to have something else done short of operative intervention.”

“The method we use is relatively simple and can be done with or without anesthesia. It is more likely to be effective with anesthesia because the muscle relaxation permits greater motion by manipulation.”
“The patient lies on his side on the edge of the table facing the surgeon and the
leg that is up is allowed to drop over the side of the table, tending to swing the up-
side of the pelvis forward. The arm that is up is allowed to drop back behind the
patient, tending to pull the shoulder back. The surgeon then places one hand on the
patient’s shoulder and his opposite forearm on the patient’s iliac crest.
Simultaneously, the shoulder is thrust suddenly back, rotating the torso in one
direction while the iliac crest is thrust down and forward, rotating the pelvis in the
opposite direction. This gives the lumbar spine a twist that frequently causes an
audible and palpable crunch. This procedure is then repeated with the patient on his
other side. The patient is then turned on his back and his hips and knees are
hyperflexed sufficiently to forcibly flex the lumbar spine which tends to open up the
disk spaces posteriorly.”

“The patient should be cautioned beforehand that forceful manipulation may
possibly make his symptoms worse although many patients will get marked relief.”

3) Local heat.

4) A firm bed:
“Most patients with low back pain on a mechanical basis rest much better on a bed
which does not sag in the middle.”

5) A low back support:
“The patient is advised to wear the support during the day and also in the evening
at anytime he or she is going to be up and more active.”

6) Instruction in the avoidance of strain:
“The patient should be advised to avoid all activities that aggravate his pain. He is
especially warned about heavy lifting.”

Under some circumstances, it may be necessary for the patient to change his
occupation.

“All strenuous athletic pursuits should be stopped temporarily.”

7) Postural exercises:
These should be both strengthening and stretching exercises.

8) Medication”
“Fairly large doses of the vitamin B Complex have proved beneficial to many
patients.”

9) Weight control:
Obesity definitely predisposes the patient to painful back conditions and such
patients should be encouraged to reduce to a normal weight.”

10) Improvement in general health.