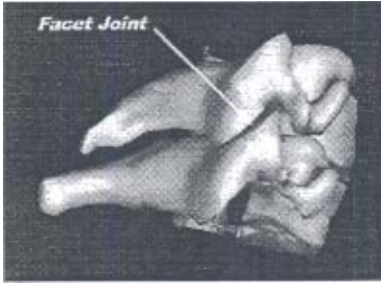


Facet Joint and Treatment

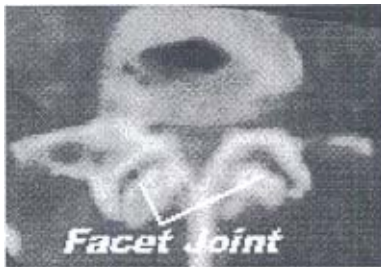


Side view of the cervical spine showing the facet joint

The bones of the spine are connected in the back by tiny joints called **facet joints**. These joints in the cervical spine are a common cause of neck, shoulder and head pain. In the lumbar spine, pain is produced in the lower back, buttock and leg.

It is often caused by trauma (auto accidents, whiplash, a bad fall) or degeneration of the spine. These all cause the spine to sub-lux (move out of joint) and the joint capsule is irritated. It is usually worsened by sudden movements or prolonged episodes of poor posture (i.e. kneeling in the garden, bending over to lift, or straining to read a book or a computer terminal). It often occurs with muscle pain (myofascial pain) and can actually cause muscle pain as the muscles spasm to “splint” the spine.

Diagnosis: Diagnosis is made by history and physical examination and confirmed with anesthetic injections numbing the facet joints or the nerves that report the pain.



X-ray (CT scan) showing the facet joints in cross-section

Treatment: Treatment focuses on optimizing function, achieving pain relief and preventing future pain. Formal physical therapy will help the patient learn exercises that can be continued at home, such as neck and arm stretching and strengthening. Medications are often helpful for pain relief and improved sleep (which helps reduce pain).

Facet injections and radiofrequency ablation are often successful at reducing pain and helping the patient achieve optimal function and quality of life.

Diagnostic and Therapeutic Facet Injections: In the lower back, the joints can be injected with anesthetic and steroid for diagnosis and potentially therapeutic benefit.

Diagnostic Medial Branch Blocks: In the lower back and neck, the nerves causing the pain can be blocked with local anesthetic to confirm this as the source of the pain. These injections are performed with X-ray (fluoroscopic) guidance.

Radiofrequency Ablation: If these joints are confirmed to be the source of your pain by medial branch blocks (often performed twice to confirm), the nerves sending the pain signal to your brain can be ablated with radiofrequency energy. This provides from three to 18 months of relief – usually nine to 12 months if successful. The procedure has been found to be safe and effective to repeat if pain returns.

Complications: As with any injection – infection, bleeding, increased pain and failure to derive expected results may occur. The risk for these problems is lowered due to the use of a sterile environment in the operating room and discontinuation of Aspirin, Coumadin or nonsteroidal anti-inflammatory drugs. All of these injections are performed with X-ray (fluoroscopic) guidance.